

Student International Group Travel Preliminary Approval Form

School/Department/Unit/Sponsor	Program Name								
Purpose of the Trip	School/Department/Unit/Spo	nsor							
Purpose of the Trip Conference/Seminar Research/Fellowship Cultural/Other	Unit Trip Approver		Name		Signature				
Name Email	Purpose of the Trip		□ Academ	nic	☐ Service Learning			□ Sports	
Trip Leader(s) Name			□ Confere	ence/Seminar	☐ Research/Fellowship		ship	☐ Cultural/Other	
Trip Leader(s) Name									
Name Email						Email			
Title/Affiliation Country City Cou	Trip Leader(s)					F 11			
Trip Location(s) (Enter 1 per line) Country C						Email			
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Country City Country	Trip Location(s)	-							
Country City Trip Dates (MM/DD/YYYY) From To Estimated # of Participants Students Staff Brief Description of the Trip (Attach Sample Itinerary) Brief Description of any Weekend Activities Local Risk (Have they been identified) Cultural Political Instability Other What steps have been taken to mitigate these risks? Waterraft Public Transportation (Check All that apply) Private Vehicle(s) Waterraft Public Transportation Hotel Dorm Undecided/Other Meals Restaurants Host Institution Undecided/Other Travel Agency US Based Foreign Based None Travel Agency Ontact Travel Agency Phone Email Emergency US Contact Name Phone Application Submitted By Name Phone Name Phone Name Phone Phone Phone Name Phone Phone Phone	_	•							
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Brief Description of any Weekend Activities Local Risk (Have they been identified)									
Local Risk (Have they been identified)	(),								
Cultural									
What steps have been taken to mitigate these risks? Mode of Transportation (Check All that apply)	Local Risk		Disease		□ Weather			□ Crime	
Mode of Transportation (Check All that apply)	(Have they been identified)	identified) \Box Cu		Cultural		☐ Political Instability		□ Other	
Check All that apply									
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Accommodation	_		-						
Meals								•	
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Signature Date			Signature				Da	ite	