# Faculty/Professional Staff International Travel Preliminary Form

**Program Name**

**School/Department/Unit/Sponsor**

### Dept Trip Approver/Dept Chair

<table>
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<tr>
<th>Name</th>
<th>Signature Date</th>
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### Purpose of the Trip

- [ ] Academic
- [ ] Service Learning
- [ ] Sabbatical
- [ ] Conference/Seminar
- [ ] Research/Fellowship

### High Risk Country

**Enter 1 per line**

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<tr>
<th>Country</th>
<th>City</th>
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### Trip Dates (MM/DD/YYYY)

- 
- 
- 

### Estimated # of Participants

- 
- 
- 

### Brief Description of the Trip

(Attach Sample Itinerary)

### Brief Description of any Weekend Activities

### Local Risk

(Have they been identified)

- [ ] Disease
- [ ] Weather
- [ ] Cultural
- [ ] Political Instability
- [ ] Crime
- [ ] Other

### What steps have been taken to mitigate these risks?

### Mode of Transportation

(Check All that apply)

- [ ] Airplane
- [ ] Bus
- [ ] Train
- [ ] Private Vehicle(s)
- [ ] Watercraft
- [ ] Public Transportation

### Accommodation

- [ ] Hotel
- [ ] Dorm
- [ ] Undecided/Other

### Meals

- [ ] Restaurants
- [ ] Host Institution
- [ ] Undecided/Other

### Emergency US Contact

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### Host Country Contact

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### Application Submitted By

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**This form must be submitted to Office of Risk Management at least 45 days prior to the trip.**