

CSURMA FOREIGN TRAVEL REQUEST FORM INSTRUCTIONS

1. TRIP /TRAVELER INFORMATION

Traveler Last Name: Insert the participant's Last Name

Traveler First Name: Insert the participant's First Name

Traveler Email: Insert the participant's Email

Traveler Phone (Optional): Insert the participant's Telephone number while traveling

Traveler Type: Select -- Faculty; Staff; Student; Other

If Traveler is a student, will an Informed Consent/Waiver be executed? Check if applicable

Is Traveler a minor? Check if applicable

Was an Informed Consent/Waiver executed by a parent or guardian? Check if applicable

Traveling on behalf of:

Will traveler enroll in STEP (Smart Traveler Enrollment Program – Only available to U.S. Citizens) Check if applicable

Departure Date: Insert date or select calendar for date

Return Date: Insert date or select calendar for date

Destination (Country): Insert ALL Countries

City/Town/Region: Insert ALL city/towns/regions/provinces

Purpose of Travel: Insert purpose of travel

Name of U.S. Emergency Contact: Insert the Name of the U.S. Emergency Contact for Traveler

U.S. Emergency Contact Email/phone: Insert U.S. Emergency Contact's telephone/email

Comments: Insert any comments you would like to communicate to Alliant (i.e. please see attached for detailed traveler information (itinerary; etc.)

Project # or ID (if applicable): This is for campus/auxiliaries to list project number; department codes; etc

Additional Travelers – If there are 5+ travelers, please upload all traveler information via PDF or Word document in the space provided below – ATTACHMENTS

2. TRAVELER #2 INFORMATION

Traveler Last Name: Insert the participant's Last Name

Traveler First Name: Insert the participant's First Name

Traveler Email: Insert the participant's Email

Traveler Phone (Optional): Insert the participant's Telephone number while traveling

Traveler Type: Select -- Faculty; Staff; Student; Other

If Traveler is a student, will an Informed Consent/Waiver be executed? Check if applicable

Is Traveler a minor? Check if applicable

Was an Informed Consent/Waiver executed by a parent or guardian? Check if applicable

Purpose of Travel: Insert purpose of travel

Name of U.S. Emergency Contact: Insert the Name of the U.S. Emergency Contact for Traveler

U.S. Emergency Contact Email/phone: Insert U.S. Emergency Contact's telephone/email

Comments: Insert any comments you would like to communicate to Alliant (i.e. please see attached for detailed traveler information (itinerary; etc.)

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Will traveler enroll in STEP (Smart Traveler Enrollment Program)? [Check if applicable](#)

3. TRAVELER #3 INFORMATION

Traveler Last Name: [Insert the participant's Last Name](#)

Traveler First Name: [Insert the participant's First Name](#)

Traveler Email: [Insert the participant's Email](#)

Traveler Phone (Optional): [Insert the participant's Telephone number while traveling](#)

Traveler Type: [Select -- Faculty; Staff; Student; Other](#)

If Traveler is a student, will an Informed Consent/Waiver be executed? [Check if applicable](#)

Is Traveler a minor? [Check if applicable](#)

Was an Informed Consent/Waiver executed by a parent or guardian? [Check if applicable](#)

Purpose of Travel: [Insert the participants Last Name](#)

Name of U.S. Emergency Contact: [Insert the participants Last Name](#)

U.S. Emergency Contact Email/phone: [Insert the participants Last Name](#)

Comments: [Insert the participants Last Name](#)

Will traveler enroll in STEP (Smart Traveler Enrollment Program)? [Insert the participants Last Name](#)

4. TRAVELER #4 INFORMATION

Traveler Last Name: [Insert the participant's Last Name](#)

Traveler First Name: [Insert the participant's First Name](#)

Traveler Email: [Insert the participant's Email](#)

Traveler Phone (Optional): [Insert the participant's Telephone number while traveling](#)

Traveler Type: [Select -- Faculty; Staff; Student; Other](#)

If Traveler is a student, will an Informed Consent/Waiver be executed? [Check if applicable](#)

Is Traveler a minor? [Check if applicable](#)

Was an Informed Consent/Waiver executed by a parent or guardian? [Check if applicable](#)

Purpose of Travel: [Insert purpose of travel](#)

Name of U.S. Emergency Contact: [Insert the Name of the U.S. Emergency Contact for Traveler](#)

U.S. Emergency Contact Email/phone: [Insert U.S. Emergency Contact's telephone/email](#)

Comments: [Insert any comments you would like to communicate to Alliant \(i.e. please see attached for detailed traveler information \(itinerary; etc.\)](#)

Will traveler enroll in STEP (Smart Traveler Enrollment Program)? [Check if applicable](#)

5. ADDITIONAL DESTINATION INFORMATION

For additional travel destinations, please attach additional information (itinerary/docs) in the section below – ATTACHMENTS

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6. HIGH HAZARDOUS/WAR COUNTRY INFORMATION

Are any of the destinations on the High Hazardous List? – **Select to view High Hazardous list**

Are any of the destinations on the War Risk list? – **Select to view War Risk list**

Are any of the destinations on the US Travel Warning list? – **Select to view US Travel Warning website**

If travel is not on any of the three applicable lists above, proceed to Section 8

If travel request is less than 5 days' notice, please provide reason for late request (for Chancellor's Office):

Lodging Name: **Insert Lodging Name (Hotel; Motel; Dorm; etc)**

Lodging Address: **Insert the Lodging Address (Hotel; Motel; Dorm; etc)**

Lodging Phone: **Insert the Lodging Phone**

Additional Lodging Info: **Insert any additional Lodging information**

Mode of Travel – Taxi -- Public Transportation -- Rental -- Other – **Select the all applicable modes of travel**

Airports used while traveling: **Insert all airports traveler will be travel to and if “layover” indicate “layover”**

Additional security measures being taken: **Insert any additional security measures taken**

7. COMPLETE ONLY IF GROUP TRAVEL

Primary Coordinator Name: **Insert Name of the Department Primary Group Travel Coordinator**

Primary Coordinator Email: **Insert the Email of Department Primary Group Travel Coordinator**

Site Name (Collaborator/partner): **Insert the of the Site/Partner (i.e. Univ of Athens)**

Site Primary Contact Name (Collaborator/partner): **Insert the name of the Primary collaborator/partner's name (i.e. George Stephanopoulos)**

8. ATTACHMENTS – Maximum of 3 files/documents

Attach supporting documents and/or participant list