

## **Travel Review Form for CC sponsored International Travel**

**Introduction:** *has to be completed.*

**Name of Program/Activity:** (Independent study, Venture grant, Service learning, Internship, Volunteer project, Abroad blocks (full and partial), Study tour)

**Today's Date:**

**Name:**

**Email contact:**

**Telephone:**

Please answer each of the following questions that are relevant to your program/activity.

**Destination Country:**

**Start date in country:**

**End date in country:**

**Describe your itinerary:**

**Brief description of program:**

**Name and contact of cooperating university, organization or provider:**

**Where will you be staying in country?** Please include addresses, email and phone contacts.

**Who is your main contact in country?** Include contact information

**List the name and contact of your travel provider or agent:**

**Have you obtained the necessary visa, if applicable?**

**Health and Emergency**

If you are on the CC health insurance plan, have you read how it works when overseas (see study abroad website)?

If you do not have CC health insurance coverage, you must provide a copy of your private insurance.

If traveling with a group, have you made certain everybody in the group has adequate insurance?

Have you (all) registered with SOS?

Have you consulted with the Health Center about immunization requirements?

Have you been approved by Botcher Health Center?

Have you enough prescription medicine to cover your entire journey?

If on prescription medication, have you ensured you can bring it into the country?

Have you left a copy of your passport with someone who can access it if necessary?

*For faculty and staff only: have you contacted the Benefit office to review the full plan description of benefits while traveling overseas?*

**In country Health and Safety:**

Is there a travel warning or caution for this particular country/location?

If yes, please elaborate.

What are the security concerns?

What are the health concerns?

What are your emergency contacts?

What are your emergency plans?

Where is the nearest reliable health emergency facilities?

Do you plan to register with the US Embassy?

**In country-transport:**

If anyone in the group is designated to drive e.g. rental cars, the individual must be authorized by Facilities Services. When was the designated driver authorized?

If you rent a car, you must check the rental agreement to determine if there are any driver restrictions. Do you intend to do this?

Are you aware that most countries require that you purchase liability and physical damage insurance “in country”, and do you intend to do so?

Are you aware that if you are staying for more than 60 days and lease a vehicle, you must purchase an in country insurance policy?

Are you aware you must then advise CC to add this vehicle to CC’s Foreign Auto Policy?

**Who is going on this trip?**

Attach a list of all names.

**Who is the main responsible person?**

In case the main responsible person has an emergency, who is the standby person (include name and contacts)?

**Lodging:**

What are the living arrangements?

If staying with host national families, how are they selected?

**Orientation:**

Who is responsible for orientation (program, country, health and security)?

**Evaluation:**

Who is responsible for evaluation of the program and trip?

**For faculty/staff led trips:**

Is there a student code of conduct for the trip?

Have rules concerning alcohol consumption been established and made clear to the student?

**Advisor**

Have you secured approval from your advisor? Include copy.

Who is your advisor: