

Program Name			
School/Department/Unit/Sponsor			
Dept Trip Approver/Dept Chair	Name		Signature
Purpose of the Trip	<input type="checkbox"/> Academic	<input type="checkbox"/> Service Learning	
	<input type="checkbox"/> Conference/Seminar	<input type="checkbox"/> Research/Fellowship	

Trip Leader(s)	Name		Email	
	Title/Affiliation			
	Name		Email	
	Title/Affiliation			
Trip Location(s) (Enter 1 per line)	Country		City	
	Country		City	
	Country		City	
	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)	<input type="checkbox"/> Disease <input type="checkbox"/> Cultural	<input type="checkbox"/> Weather <input type="checkbox"/> Political Instability	<input type="checkbox"/> Crime <input type="checkbox"/> Other
What steps have been taken to mitigate these risks?			

Mode of Transportation (Check All that apply)	<input type="checkbox"/> Airplane <input type="checkbox"/> Private Vehicle(s)	<input type="checkbox"/> Bus <input type="checkbox"/> Watercraft	<input type="checkbox"/> Train <input type="checkbox"/> Public Transportation
Accommodation	<input type="checkbox"/> Hotel	<input type="checkbox"/> Dorm	<input type="checkbox"/> Undecided/Other
Meals	<input type="checkbox"/> Restaurants	<input type="checkbox"/> Host Institution	<input type="checkbox"/> Undecided/Other
Travel Agency	<input type="checkbox"/> US Based	<input type="checkbox"/> Foreign Based	<input type="checkbox"/> None
Travel Agency Contact			
Travel Agency Address			
Travel Agency	Phone		Email

Emergency US Contact	Name		Phone	
Host Country Contact	Name		Phone	

Application Submitted By	Name		Phone	
	Email			
	Signature		Date	

**THIS FORM MUST BE SUBMITTED TO OFFICE OF RISK MANAGEMENT  
AT LEAST 45 DAYS PRIOR TO THE TRIP**