**USF Health- Student Individual Travel Approval Form**

This approval document is an internal USF Health form to be completed for any USF Health student travelling on non-vacation, international individual travel.

*This form must be typed or completed on your computer and printed out for signatures in order to be processed.*

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| **USF Health Student Traveler Information** |
| Student Name: |  |
| Student U#: |  |  |
| Student Phone Number:  |  |
| Student USF Email: |  |
| College, degreeprogram, student level, scholarly concentration:i.e: MCOM, MS2, International Medicine |  |
| Faculty Advisor Name: |  |
| **Proposed International Program Information** |
| Program Location:(city/country) |  |
| Host/Partner Institution Name(s) and Location(s): |  |
| Program Term: | [ ]  Fall [ ]  Spring [ ]  Summer  |
| Program Start Date: (MM/DD/YYYY) |  |
| Program End Date:(MM/DD/YYYY) |  |
| Program Type : *(check all that apply)* | [ ]  Community Service Project [ ]  Clinical Elective/Observership [ ]  Research [ ]  Field Experience [ ]  Conference/Seminar [ ]  Independent Study [ ]  Other (Please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Will you be participating in a clinical experience:  | [ ] Yes [ ]  No  |  |
| Will you require a **VISA** to enter the country of travel? | [ ] Yes [ ]  No  |  |
| Source(s) of Funding: |  |  |
| Description of Program & Itinerary:*(What is your purpose for travel? Describe your planned activities)*  |  |
| **Endorsement by:**  | **Name** | **Signature**  | **Date** |
| Student: |  |  |  |
| Faculty Advisor/ Department Chair: |  |  |  |
| College’s International programs office: |  |  |  |
| Please submit the completed form to your college’s International Programs office: * College of Medicine- Linman Li, lli1@health.usf.edu/ 17 Davis Blvd. Suite 412
* College of Nursing- Stephen Mcghee, stephenmcghee@health.usf.edu / MDN 3034
* College of Pharmacy- Dr. Umesh Jinwal, ujinwal@health.usf.edu / ALZ 308
* College of Public Health- Jesse Casanova, jcasanov@health.usf.edu / MDA 1008

**FOR INTERNAL USE ONLY:** |
| **Final Approval by:**  | **Name** | **Signature**  | **Date** |
| Assistant/Associate Dean International Programs- College |  |  |  |
| ***for clinical experiences only- Acknowledged by:*** |  |
| USF Self-Insurance Program Director\*\* | Courtney Rice, Esq. |  |  |

*\*\*Each USF student, resident and/or faculty member is provided professional liability coverage through the USF Self-Insurance Program in the amount of $200,000 per claim/$300,000 per occurrence (with any additional coverage, if desired, to be purchased by the individual).  Providers not employed by USF and students not enrolled in a USF Health Sciences Center college have no professional liability coverage under the USF Self-Insurance Program.*