



USF Health Student Travel Background Information

International Travel Checklist

Student Name:

Student U ID#:

- Orientation
- USF Health Student Travel Background Information Packet
- USF Health Release & Waiver
- USF Health Participant Contract
- Confirm valid dates and Photocopy of Passport
- Visa(s) OR (N/A)
- Copy of Flight information
- Purchase of Travel Insurance
- Yellow Fever Immunization OR (N/A)
- Smart Traveler Enrollment Program



USF Health Student Travel Background Information

USF Health Affiliation:

- Morsani College of Medicine
- College of Public Health
- College of Pharmacy
- College of Nursing
- School of Physical Therapy

Primary purpose of visit:

- Clinical Rotation/ Clinical Elective
- International Field Experience
- CFH Specialized IFE
- International Research
- International Enrichment- Training/Conference/ site visit
- Internship
- Student Organizations/ Service
- Study Abroad Course

Purpose of visit/ description:

Are you receiving academic credit for this opportunity? If so, how many?

- Yes
- No



USF Health Student Travel Background Information

1. **Biographical Information:**

Full Biological Name:

Student ID number:

Cell phone number:

Home address:

USF Health Email address:

Alternative Email address:

USF Faculty Advisor Information:

Advisor Name:

Advisor Department:

Course CRN:

Advisor Phone:

Advisor Email:

Is your Academic Advisor aware of your planned trip and project:

Yes No Unknown

Academic Major/Concentration:

Semester that you are traveling: Spring Summer Fall

Dates of travel:

Do you speak a foreign language?

Do you have experience traveling abroad?

2. **Trip Itinerary:**

City and Country(s) of visit:

Flight Information- Planned Departure Date:

Flight Information- Planned Return Date:

Other details:



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3. Contact Information while Abroad

Name of Host Institution/clinic/research facility you will visit:

Host country Advisor/Preceptor Name:

Host country Advisor/Preceptor Address:

Host country Advisor/Preceptor Phone:

Host country Advisor/Preceptor Email:

Advisor Secondary Phone:

Your full street address while abroad:

Your phone number while abroad:

Other contact information while abroad:

Will you have an international calling plan while abroad?

Yes

No

Be aware that your current mobile phone service may not work in a foreign country. It is highly recommended that you purchase an international calling plan prior to your departure. It is also important to notify your friends or family if your mobile number will be different while abroad.

4. Secondary Emergency Contact Information while Abroad:

Emergency contact name:

Relationship:

Contact Primary phone:

Secondary phone:

Full street address:

Email address:



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5. Emergency Contact Information in the U.S (2):

Emergency contact name:

Relationship:

Street address:

City:

State/Region/Province:

Postal code:

Country:

Primary phone:

Secondary phone:

Email address:

Emergency contact name:

Relationship:

Street address:

City:

State/Region/Province:

Postal code:

Country:

Primary phone:

Secondary phone:

Email address:

6. Passport Information:

Passport country of issue:

Passport number:

Passport date of issue:

Passport date of expiration:



USF Health Student Travel Background Information

Are you a U.S Citizen? Yes No

If No:

What is your country of citizenship?

Permanent Resident/ Visa status:

- I am a U.S Citizen
- I have U.S. Permanent Resident status
- I have Dual Citizenship: List Countries
- I have a J-1 Visa
- I have an F-1 Visa
- I have an H-4 Visa
- Other Visa type
(i) Please describe

Embassy's address (for the country you are traveling to):

Embassy's phone number



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Please complete the following and check all that apply:

- [Is there a State Department Travel Advisory/Warning for the country I am visiting](#)
 - ii) **IF THERE IS A STATE DEPARTMENT TRAVEL ADVISORY/WARNING**, you are required to get approval for travel to that country. Please contact the International Office at your College for information on approval process
- [I have registered with the U.S. Department of State for this travel](#)
- [I have a passport](#) and I have attached a copy of the first page of my passport which contains my picture
- I have attached a copy of my visa if applicable
- I have attached a copy of all flight itineraries associated with this travel
- I have thoroughly reviewed the **USF Health Participant Contract** and will adhere to the guidelines while abroad. (Please print, sign and upload completed document)
- I have thoroughly reviewed the **USF Health Release and Waiver of Liability** form and will adhere to the guidelines while abroad. (Please print, sign and upload completed document)
- I have thoroughly reviewed the **International Travel Preparation Packet**.
- I understand that I must complete the Student Travel Orientation prior to departure and will purchase CISI Medical and Evacuation Travel Insurance.
http://educationabroad.global.usf.edu/index.cfm?FuseAction=Abroad.ViewLink&Parent_ID=0&Link_ID=31B84088-A4BA-DB3E-035EA141FBCF74C7