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

This approval document is an internal USF Health form to be completed for any USF Health student traveling 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, degree  program, 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: |  |  | |  |
| * Morsani College of Medicine- Tina Dinh, [tinadinh@usf.edu/](mailto:tinadinh@usf.edu/) MDC 1121 * College of Nursing- Dr. Cheedy Jaja, [cheedyj@usf.edu](mailto:cheedyj@usf.edu) * College of Public Health-Dr. Somer Burke, [sgoad@usf.edu](mailto:sgoad@usf.edu) * Tanneja College of Pharmacy, Dr. John Clark, [jclark9@usf.edu](mailto:jclark9@usf.edu)   Please submit the completed form to [tinadinh@usf.edu](mailto:tinadinh@usf.edu)  **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.*