



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.

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:	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer
Program Start Date: (MM/DD/YYYY)	
Program End Date: (MM/DD/YYYY)	
Program Type : (check all that apply)	<input type="checkbox"/> Community Service Project <input type="checkbox"/> Clinical Elective/Observership <input type="checkbox"/> Research <input type="checkbox"/> Field Experience <input type="checkbox"/> Conference/Seminar <input type="checkbox"/> Independent Study <input type="checkbox"/> Other (Please explain): _____
Will you be participating in a clinical experience:	<input type="checkbox"/> Yes <input type="checkbox"/> No



Will you require a VISA to enter the country of travel?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Source(s) of Funding:			
Description of Program & Itinerary: <i>(What is your purpose for travel? Describe your planned activities)</i>			
Endorsement by:	Name	Signature	Date
Student:			
Faculty Advisor/ Department Chair:			
College's International programs office:			

- College of Medicine- Linman Li, linman1@usf.edu/ 17 Davis Blvd. Suite 412
- College of Nursing- Dr. Elizabeth Jordan, ejordan2@usf.edu / MDN 2059
- College of Pharmacy- Dr. Pooja Patel, poojapatel2@usf.edu / MDC 2134B
- College of Public Health- Somer Burke, sgoad@usf.edu / MDA 1008

Please submit the completed form to tinadinh@usf.edu

FOR INTERNAL USE ONLY:

Final Approval by:	Name	Signature	Date
Assistant/Associate Dean International Programs- College			
<i>for clinical experiences only- Acknowledged by:</i>			
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.*