



MARQUETTE UNIVERSITY

FOREIGN TRAVEL INFORMATION FORM 8/03

This form must be completed by all Marquette University employees (full-time or part-time) prior to Marquette-related foreign travel and submitted no later than two weeks prior to departure. This form is **not required** for personal travel or vacations. The information you provide will be used to assist you and/or contact you in the event of an emergency. Please submit the completed form to your Department Supervisor/Chair. If traveling with non-employees (e.g., students, alumni), please check with General Counsel to see if travel waivers are required. Please contact Risk Management (x. 8-6806) for information on foreign travel assistance programs which may be available to you as a Marquette employee.

- 1) Name: First _____ Last: _____
- 2) University Department: _____ Title: _____
- 3) Citizenship: U.S. Citizen Non-U.S. Citizen ; if non-U.S., specify: _____
(used for contacting the appropriate embassy or consulate)
- 4) Name on Passport (if different from above): _____
- 5) Country Issuing Passport: _____ Passport #: _____ Issue Date: _____
- 6) Departure Date from U.S.: _____ Planned Return Date to U.S. _____
- 7) Itinerary: Please attach a brief itinerary on a separate sheet with dates of travel, flight numbers (if known), country(ies), foreign contact information (address(es) and phone number(s) where you can be reached; this information will be used to try and contact you in the event of an emergency).
- 8) Emergency U.S. Contact: _____ Phone #: _____
- 9) Traveling with spouse or family? Yes No ; if yes, please specify: _____
- 10) Program Name and/or Sponsor, if applicable: _____
- 11) Our insurance company requires us to ask the following questions:
 - a) Will you rent, lease or operate motor vehicles while abroad? Yes No
 - b) Will you be taking abroad any Marquette-owned property/collections? Yes No
 - c) Purpose of Travel: Teaching Conference Sabbatical Service
Internship Research Other

Signature: _____ Date Submitted: _____

For Office Use Only:

Copies routed to: Risk Management
 Office of the Provost (if faculty)

Supervisor initials: _____ Date: _____