



MARQUETTE UNIVERSITY

FOREIGN TRAVEL INFORMATION FORM 2/09

This form must be completed by all Marquette University employees (full-time or part-time) prior to Marquette-related foreign travel. 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. 86806) 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: U.S. Other: _____ Passport No. _____ Issue Date: _____
- 6) Departure Date from U.S.: _____ Planned Return Date to U.S. _____
- 7) Itinerary: Please attach brief itinerary 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 for Travel: Teaching Conference Sabbatical Service Internship Research

Signature: _____ Date Submitted: _____

For Office Use Only:

Copies routed to: Risk Management
 Office of International Education (if faculty)

Supervisor initials: _____ Date: _____