



FOREIGN TRAVEL INFORMATION FORM [Involving Student participation] 12/04

- 1) **Name:** Last: _____ First: _____ Middle Initial: _____
- 2) **University Department:** _____ **Title:** _____
- 3) **Citizenship:** U.S. Other country, please specify: _____
(used to contact the appropriate embassy or consulate)
- 4) **Passport #:** _____ **Name on Passport (if different than Item 1):** _____
- 5) **Issuing Country:** _____ **Issue Date:** _____
- 6) **Departure Date from U.S.:** _____ **Anticipated Return Date:** _____
- 7) **Itinerary:** Attach a brief travel schedule with travel dates, flight numbers (if known), country, and overseas contact information (address and phone number where the University can attempt to contact you in the event of an emergency).
- 8) **Emergency U.S. Contact:** _____ **Phone #:** _____
- 8a) **Host Country Contact Name:** _____ **Phone#:** _____
- 9) **Traveling with family members?** Yes No **If yes, please specify:** _____
- 10) **Program Name and/or Sponsor, if applicable:** _____
- 11) **Our insurance carrier 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 any Marquette-owned property/collections?** Yes No
 - c) **Purpose of Travel:** Study Abroad Service Learning Project Other: _____

Signature: _____ **Date Submitted:** _____

Department Chair/Supervisor Signature: _____ **Date:** _____

If you are the trip coordinator or the only Marquette University employee going on this trip you must obtain the appropriate University official's approval.

Additionally, if you are the designated trip coordinator or only Marquette University employee participating in the trip, please attach the following to your form: list of the names, college and U.S. contact information of all participating students as well as for all other participants (*see enclosure 2 of the policy for example*); name and contact information for local area Primary Point of Contact; name and contact information for in-country host or NGO supporting the trip.

**Dean/Vice Provost/Vice President Student Affairs/
Executive Director for University Mission & Identity:** Signature: _____ Date: _____

All Marquette University employees (full- or part-time) must complete and submit this form no later than three weeks prior to departure on any Marquette-related foreign travel. This form is **not required** for personal travel or vacations. The requested information will be used to assist and/or contact you in the event of an emergency. **Forward the signed and completed form with required attachments to the Office of Risk Management and provide a copy to your Department Chair or immediate supervisor.**

Please contact General Counsel (8-7343) to complete required travel waivers for each student and non-employee. Please contact Risk Management (8-6806) for information on foreign travel assistance programs that may be available to you as a Marquette employee.

For Office of Risk Management Use Only:

Copy of Primary Sponsors form with attachment routed to: Office of the Provost (Special Assistant to the Provost)