

# Template for Travel Registration

## Responses for "Student Travel Information"

\*Graduate students have additional questions which are intuitive

### 1. Essential Travel for Traveler

Please briefly state why this travel is essential to your work and/or role at the University of Arizona.

### 2. Extended Stay Contingency Plan

Please describe your contingency plan should you be required or advised to remain abroad beyond your scheduled departure date/return to the U.S. **Include how you would obtain** housing, food, and access to medical care and logistical support if you were forced to extend your stay. Additionally, what will be your **funding source** should an extended stay be required or advised?

**NOTE:** This plan and additional costs should be reviewed by the department business office for budgetary oversight.

### 3. Optional Additional Information

In the space below, please provide any further information about this travel you feel is relevant for its review, such as language fluency or past experiences in the destination country or region.

### 4. Age on Departure Date (\*)

At the date of your departure, will you be at least 18 years of age?

Please select one: [Yes](#) or [No](#)

### 5. Primary Purpose of Travel

Please select all applicable reasons for this travel. To select multiple items, hold down the Ctrl or Command key while clicking on the items you wish to select.

Please select all those appropriate for your travel from the drop-down list. If you choose "other," indicate details in question number 6.

### 6. "Other" Primary Purpose of Travel

If you selected "Other" for the question above, please elaborate below in the space provided. If you did not select "**Other**", please input "**N/A**" below.

## 7. Transportation Plan (\*)

Please describe your transportation plan, this description should include information on what form of transportation you will be using and how you will travel within your chosen destination. Please list any security measures as applicable.

## 8. Local Contacts

Please provide the names and contact information of individuals on the ground at your destination(s) who will be would be able to assist you if needed:

## 9. International Living and Travel Experience

Please describe your experience to this destination (**chose one from the dropdown**);

## 10. Accompanied Travel (\*)

Will you be traveling with anyone during this trip (including travelers who arrive or depart separately from you)?

If so, please list them with their information in the following format:

1. Indicate who will be the **lead traveler\***
2. List and identify travelers with **UA affiliation** (e.g., undergraduate student, graduate student, professors, community members, DCC, etc.)
3. List and identify travelers with **no UA affiliation** (e.g., family members, academic colleagues, etc.)

**\*Lead traveler should provide relevant trip information** to all UA-affiliated travelers for their registrations (if appropriate)

Select: Yes; Provide lead traveler's name

## 11. Traveling to Multiple Countries

Are you traveling to multiple countries on this travel? If so, please select **“Yes”** below and list all the countries you'll be visiting, indicating your level of experience in each location using the possible answers provided in the previous question (e.g. “I have traveled to this country within the past ten years”, etc.):

*For example:*

*Russia = I have limited or no previous travel experience to this country*

*Turkey = I have limited or no previous travel experience to this country*

*Lebanon = I am from this country and have lived there as an adult*

Select: Yes or No

## Personal Travel (\*)

Are any of the dates or locations included in this registration for personal travel? If so, please answer **YES** and provide the dates and location(s).

Select: Yes or No

### 13. Phone Contact When Abroad (\*)

Please read these instructions: **Please only input the digits of phone number - DO NOT** include any special characters including spaces, dashes, parentheses, etc,  
**Only include** the relevant **country code** when inputting a **non-U.S. number**.

In the space below, please provide the best phone number to reach you while abroad, ensuring that you receive important travel alerts and can be reached in the event of an emergency.

### 14. Email Contact When Abroad (\*)

UA International Travel will use your University of Arizona email address to reach out to you in the event of an emergency and provide you alerts relative to your location.

Please select "**Yes**" below if this is the best email to use. If it is not, please select "**No**" and provide the better email address to reach you.

Select: [Yes](#)

### 15. Emergency Contact(s) (\*)

Please indicate the name, phone number, email, and relationship to you, whom International Travel can contact on your behalf in an emergency. **This should be a trusted person who is not traveling with you**

### 16. Lodging Information - Student Travel (\*)

For each lodging location you will use or anticipate using on your trip, please provide:

- the lodging name
- address
- a website link

Additionally, if you are considering finding lodging through Airbnb or a similar online platform, please read through UA International Travel's [Guidelines](#) for using this type of lodging option.

## 17. Do you agree to the Risk Notification Statement? (\*)

### RISK NOTIFICATION STATEMENT

International travel involves risks that are often beyond the control of the traveler or UA. Each traveler is responsible for taking steps to determine the potential threats in their international destination(s) and taking steps to mitigate them. The following resources are recommended to consult:

- [U.S. Department of State Travel Advisory System](#)
- [Australian Smartraveler](#)
- [British Foreign Travel Advice](#)
- [Canadian Travel Advice](#)
- [Zurich Travel Assist](#) (requires registering account)

UA Travelers may also contact [UA International Travel](#) with specific questions pertaining to travel security and best practices.

Select: [I understand I am responsible for determining risks in my destination\(s\) and mitigating those risks](#)

## 18. Health & Safety Precautions (\*)

Please choose the precautions to be taken (*hold the CTRL button to select multiple selections*):

## 19. Insurance Coverage (\*)

UA international travelers are provided insurance coverage by the State. This insurance covers unforeseen medical care needs **ONLY**, and does not cover continuing care for existing conditions or routine appointments.

Travelers that anticipate the need for continuing medical care while abroad must make their own arrangements for coverage. UA insurance coverage is not applicable for independent travel.

*\*\*\*Designated Campus Colleagues (DCCs) travelers need to confirm insurance coverage.\*\*\**

Below, please indicate that you understand you are responsible for determining and addressing any gaps in your insurance coverage while abroad.

If you have any questions please email [UA International Travel](#).

Select: [I understand that I am responsible for determining and addressing any gaps in coverage](#)

## 20. Immunizations (\*)

I understand that travelers are expected to consult the [CDC Travelers' Health website](#) regarding required and recommended vaccinations and to check for any Health Notices or Alerts.

If vaccinations are required or recommended, please note that many doctors' offices do not carry travel vaccines and therefore you will need to make a travel appointment with a travel health company to obtain travel vaccines. For your convenience, UA Campus Health Service has a travel clinic where you can obtain vaccines (routine and travel), travel prescriptions, and other travel advice (including all CDC recommendations) for your destination.

Pre-travel appointments are best completed a minimum of 2 weeks before travel. Book with a UA Campus Health Service nurse by calling 621-9202. **Note:** UA CHS travel appointments book up quickly so call for an appointment in advance. Bring your immunization records to your travel visit.

Select: [Yes, I understand](#)

## 21. Administrative Contacts (\*)

Please provide the name and email of your **Department Head/Director** (or Dean if you are a Director or Department Head) along with your department's **Administrative Contact(s)** for international travel in your department.

Travel to some locations requires Department Head or Dean approval.

## 22. Will you travel with specialized equipment or software? (\*)

Answer **NO** if taking off-the-shelf items such as laptops, flash drives, smartphones, iPads, general cameras, etc.

Answer **YES** if you are taking items including test or specialized equipment, software, or prototypes, and please describe the items and its uses below.

**BE ADVISED:** Travelers with high value or specialized equipment/items should consider registration with CBP to avoid potential [customs duties](#) (tariff or taxes) upon return. This [Customs and Border Protection](#) link provides information concerning registering equipment. Contact [Export Control](#) for assistance.

Select: [Yes or No](#)

You may enter information on this form and use the **Save** button to keep your information until you are ready to submit it. **Please note that your application questionnaire is not considered complete and cannot be reviewed until you click the Submit button to finalize your responses**

[SAVE](#) [SUBMIT](#) [Cancel](#)