



Individual Student Research & Independent/Academic Travel Abroad Risk Management Plan

Name of Student (Last, First Middle)

Student ID Number

Supervising Professor

Supervising Academic Dept.

Purpose of Activity

Host University

Location (City, Country)

Start Date (M/DD/YYYY)

End Date (M/DD/YYYY)

Credits

Travel Issues: Please list the modes of transportation which will be used as a part of activity both to the site and while abroad. Please list both the type and name of the provider.

- 1.
- 2.
- 3.
- 4.
- 5.

Important Contacts: Please list contacts for the following fields so that we may contact them, if allowed, in the unlikely event of an emergency.

Emergency Contact at Home (Last, First Middle)

Relation to Student

Street Address

City State Zip

Home Phone No.

Cell No. –or– Email Address

Name of Travel Agent or Ticket Issuing Co.

Emergency No.

Email Address

Street Address

City State Zip

Main Phone No.

Fax No.

Name of In-Country Contact (If Applicable)

Emergency No.

Email Address

Street Address

City State Zip

Main Phone No.

Fax No.

Name of In-Country Hotel/Hostel/Home-Base

Emergency No.

Email Address

Street Address

City State Zip

Main Phone No.

Fax No.

Name of Research Facility or Company

Emergency No.

Email Address

Street Address

City State Zip

Main Phone No.

Fax No.

Passport Information: Please provide information regarding your passport below. Please attach a copy of passport. If you do not have one, please apply for on immediately.

Passport Number

Expiration Date (M/DD/YYYY)

Name of Foreign Consulate which you will apply for a
student visa with (if applicable)

Place of Issue (City, Country)

Date of Issue (M/DD/YYYY)



Individual Student Research & Independent/Academic Travel Abroad Risk Management Plan (Cont.)

Health & Wellness: Please provide the following information regarding your insurance and health while abroad.

 Name of Insurance Provider

 Group No. Member No.

 Claims Dept. Phone No.

List any required or recommended inoculations for the country or region:

- Yes No Does this insurance provide world-wide coverage?
 Yes No Does this insurance require you to pay up front for any medical treatment?
 Yes No Does this insurance require you to submit receipts for reimbursement?
 Yes No Are you physically & mentally fit for the nature of research you are pursuing?

Safety Information: Please list any particular safety issues which are apparent either in the proposed activity or the country in which you will travel to. Discuss how you will address these issues. List also any particular concerns that you have. Use another sheet of paper if necessary.

- 1.
- 2.
- 3.
- 4.

Overseas Information: Please fill out the below information about the area in which you are studying abroad.

U.S. Embassy Information

 Street Address City State Zip

 Name of Closest U.S. Consulate

 Street Address City State Zip

 Name of Closest Doctor or Urgent Care *(Must Speak English)*

 Street Address City State Zip

 Name of Local Hospital *(Staff Must Speak English)*

 Street Address City State Zip

 Name of Local Police & Fire Divisions *(Must Speak English)*

 Street Address City State Zip

 Main Phone No. Fax No. –or– Email Address

 Emergency No. Email Address

 Main Phone No. Fax No.

 Emergency No. Email Address

 Main Phone No. Fax No.

 Emergency No. Email Address

 Main Phone No. Fax No.

 Emergency No. Email Address

 Main Phone No. Fax No.

 Signature of Student Date

Submit form to Center for International Services and Programs, MC 106