**Student International Travel Itinerary Assessment**

Instructions: Please fill out this form and return it to your department or program administrator in order to request approval for your proposed international travel.

**Student Information** (use additional sheet if necessary).

| **First Name** | **Last Name** | **Country(ies) of Citizenship** | **Status** | **Year of Study** **(for Undergraduate)** | **Department or Major** |
| --- | --- | --- | --- | --- | --- |
|  |  |  | (e.g. undergraduate, graduate, other) | (e.g. freshman, sophomore, etc.) |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Itinerary Details**

| Dates of travel |  |
| --- | --- |
| Destinations (including countries, cities, etc.) |  |
| Flight Details (including location and time of arrival and departure) |  |
| Mode of transportation from airport to accommodation |  |
| Accommodations |  |
| Project/Activity Location(s) |  |
| Mode of in-country transportation |  |

| ISOS Medical Risk Rating |  |
| --- | --- |
| ISOS Security Risk Rating |  |
| ISOS - additional concerns |  |

| Country US State Department Travel Advisory level(s) – 1,2,3, or 4  |  |
| --- | --- |
| City and/or region US State Department Travel Advisory level(s) -1,2,3, or 4 (or labeled “reconsider travel” or “do not travel”).  |  |
| Identify any locations within the city(ies) of travel that are US State Department Travel Advisory level 3, or 4 (or labeled “reconsider travel” or “do not travel”).  |  |

**Project Details**

Please provide a detailed summary of the travel proposal, including the project(s) and activities that student(s) will engage in and the necessity of travel to this particular location.

**Travel Experience and Competence**

Please describe the student’s background knowledge and experience with this location. (e.g. Has the student traveled, lived, or worked in this location before? Please provide dates and purpose of previous travel to this location.)

Please describe the student’s knowledge and experience of locations similar to the proposed travel destination: (list locations, approximate dates of travel, and purpose of travel)

Local Language Proficiency:

**On-site Support in Destination Country**

Please describe any in-country support the student(s) will have while traveling. This may include family, friends, academic contacts, etc. What is the proximity of this support to the student’s proposed location? What kind of support can these contacts provide the student(s)?

Please provide the name of any non-Stanford entities or organizations which are sponsoring the student(s) or providing the student(s) support in the destination country. What kind of support can these contacts provide the student(s)?

**Communications Plan**

Please provide a detailed communication plan for the student(s) while traveling to the proposed destination.

**Travel Sponsor concerns regarding proposed undergraduate travel:**

**Travel Sponsor comments:**

**Travel Sponsor Attestation:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of Travel Sponsor representative submitting this information), have personally verified, or am otherwise satisfied as to the accuracy of the information

contained in this submission.

Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program, Department or School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_