

Foreign Travel Approval / Insurance Request

Please submit this Approval Request at least 30 DAYS PRIOR TO DEPARTURE for War Risk Countries, 20 DAYS PRIOR TO DEPARTURE when traveling to Hazardous Countries, and 7 DAYS PRIOR TO DEPARTURE when traveling to Non-Hazardous Countries. Please reference the U.S. State Department Warning List and CSURMA High Hazardous Countries List located below.

Requester's Information

Requester's Full Name: _____
Phone: _____ Email: _____

Traveler's Information

Campus: California State University, San Bernardino
Traveler's Full Name: _____
Phone: _____ Email: _____

Status: Faculty Staff Administrator Student* Minor**

*If traveler is a **student**, was a **Release of Liability** executed? YES NO

*If traveler is a **minor**, was a **Release of Liability** executed by a parent or guardian? YES NO

For Group Trips:

- Campus Coordinator's name: _____
- Phone: _____ Email: _____
- Site Primary Contact Name: _____
- Site Primary Contact Phone: _____ Email: _____
- Please attach a list of all travelers and their status

Is This Trip Sponsored by the University? YES NO AUXILIARY OTHER

Country/Countries to Be Visited: _____

Destination Information

(Include Dates of Travel and all Regions, Cities and Towns. Please attach itinerary if available.)

<u>Place</u>	<u>From Date</u>	<u>To Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do any of your destinations (including layovers) appear on the following lists?

High Hazardous YES NO **War Risk** YES NO

US State Department Travel Warning YES NO

If you marked "yes" on any of the above travel warning lists, please describe additional security measures being taken:

Purpose of Travel: ATHLETICS CONFERENCE FIELD TRIP PRESENTING PAPERS
 RECRUITMENT RESEARCH STUDY ABROAD PERSONAL TRAVEL OTHER (Please Describe)

Value to campus or CSU as it relates to University business:

Transportation To/From the Foreign Destination (check all that apply)

Airports being used: _____

Transportation To/From the Foreign Destination:

AIR MOTOR VEHICLE SHIP/BOAT RENTAL CAR
 HIRED CAR HIRED DRIVER BUS OTHER (specify)

Lodging While on Travel:

Lodging Name: _____

Lodging Address: _____

Lodging Phone Number: _____

Will the traveler be signing up for the [Safe Travelers Enrollment Program \(STEP\)](#): YES NO

Contact Information While on Travel (Please fill out for each traveler; attach additional sheets as needed):

Traveler Phone: _____ US PHONE FOREIGN PHONE

U.S. Emergency Contact Information:

Name: _____ Relationship: _____

Phone: _____ Email: _____

APPROVAL SIGNATURES:

Date

_____	_____	Department Chair/Director (ALL TRAVELERS)
_____	_____	College Dean (FACULTY/STUDENTS)
_____	_____	Provost/VP Academic Affairs (FACULTY/STUDENTS)
_____	_____	Division VP (STAFF/ADMINISTRATORS)
_____	_____	VP Administration and Finance (STAFF/ADMINISTRATORS)
_____	_____	President (Highly Hazardous/War Risk Countries Only)

(Once approval signatures obtained, please send this form to the Risk Management Office in SH-129 and they will obtain CO Approval if necessary)

RISK MANAGEMENT APPROVAL/CONFIRMATION OF INSURANCE COVERAGE:

Name

Date