

**GRADUATE SCHOOL AND INTERNATIONAL EDUCATION  
OFFICE OF STUDY ABROAD AND INTERNATIONAL EXCHANGE**

**GROUP INTERNATIONAL TRAVEL NOTIFICATION FORM**

**(This form is intended for group travel other than a UA approved study abroad program)**

This form should be completed by any UA faculty or staff intending to lead student travel outside of the U.S. at least six weeks prior to departure.

Leader Name:  Mr  Ms. \_\_\_\_\_  
  last  first  middle

Title: \_\_\_\_\_ UA ID # \_\_\_\_\_ Email : \_\_\_\_\_

Campus Address: \_\_\_\_\_ Office Tel: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**PURPOSE OF TRAVEL:**    Research/Grant    Student Organization    Other

Start/Ending Dates of Program: \_\_\_\_\_

Destination \_\_\_\_\_ Will students be enrolled for UA credit? yes  no  
  (City, Country)

if yes, indicate course(s) number and title: \_\_\_\_\_

UA Instructor of Record \_\_\_\_\_  
  name/dept./email

**BRIEFLY DESCRIBE THE PURPOSE OF THE GROUP TRAVEL (or research):**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TRAVEL AGENT:**  
\_\_\_\_\_  
Company/agent/phone/email

**PLEASE ATTACH WITH THIS FORM**

- List of all travelers to include name (as it appears on the passport) , UA student ID#, birth date, citizenship, passport number, and passport expiration date.
- Tentative Group Itinerary with Contact Information should anyone from the university need to contact you or students during the program.

**GROUP HEALTH INSURANCE:**

The Office of Study Abroad and International Exchange offers students and accompanying faculty health insurance and Global Emergency Assistance for the duration of the sponsored travel activity. It is required that students

purchase this coverage in addition to maintaining their existing health plan unless they can show other proof of health coverage that includes unlimited emergency travel assistance.

Coverage available through LowerMark 100 Outbound Policy:

Maximum of \$100,000 Major Medical Benefit (per accident or illness, not to exceed \$100,000 for all accidents and sickness in any consecutive 12 month period);

\$50 deductible; Pre-existing conditions are not covered

Unlimited Global Emergency medical Assistance through Assist America (including medical evacuation and repatriation of remains)

\$46 per month (minimum two weeks at \$28)

Upon receipt of the list of student travelers, the Office of Study Abroad will add the students under LowerMark policy?

How will the insurance premiums be paid ?  charged to student ISIS account  through a UA Cost center

Dept. Contact for payment: \_\_\_\_\_  
Name/campus address/phone/email

Group departure from the U.S. \_\_\_\_\_ Group return to the U.S. \_\_\_\_\_

**As the lead staff member for this group, I understand that it is my responsibility to provide students with relevant country information and to review safety procedures with students prior to departure and upon arrival in country. I will be available to students for the duration of the program and will communicate any problems that may arise with my department head. Furthermore, I will report any emergencies to the Director of Study Abroad.**

\_\_\_\_\_  
Leader signature

\_\_\_\_\_  
Date

**RETURN TO:** Office of Study Abroad ☀ University of Arkansas ☀ 722 W. Maple St.  
Fayetteville, AR 72701 ☀ Phone: (479) 575-7582 ☀ Fax (479) 575-7402 ☀ E-mail:  
[studyabroad@uark.edu](mailto:studyabroad@uark.edu)

\* \* \* **(below is for office use only)** \* \* \*

Amount Due : \_\_\_\_\_ Method of Payment: \_\_\_\_\_

Insurance Cards to be Mailed: \_\_\_\_\_ Students will pick up: \_\_\_\_\_ Issued/Given to Dept. \_\_\_\_\_

Date added to roster: \_\_\_\_\_ Charged to ISIS: \_\_\_\_\_ Charged to Dept. \_\_\_\_\_