

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

**INDIVIDUAL STUDENT
REQUEST FOR TRAVEL OUTSIDE OF THE U.S.**

This form should be completed by any student intending to travel outside of the U.S. for a university sponsored or endorsed activity at least 4 weeks prior to departure.

Legal Name: Mr Ms. _____

UA Student ID # _____ Email : _____ cell phone _____

Permanent Address: _____

College: ARSC WCOB AFLS ARCH EDUC ENGR LAW

Undergraduate: Major _____ Graduate: Program _____

PURPOSE OF TRAVEL: Research/Grant Student Organization Internship Other

Start/Ending Dates of Program: _____

Destination _____ Will you enroll for UA credit? yes no
(City, Country)

Are you receiving any institutional funds for this travel? yes no

If yes, please indicate source/amount of funding: _____

UA Instructor/Supervisor: _____
name/dept./email

BRIEFLY DESCRIBE THE PURPOSE OF YOUR TRAVEL:

PASSPORT INFORMATION: (Please attached a scanned copy of the 1st page)

Birthdate (m/d/y) _____ Country of Citizenship* _____

Passport# _____ Expires _____

* If you are not a U.S. citizen, indicate type of visa: _____ Expires _____

Racial/Ethnic Category: (optional)

American Indian or Alaskan Native Black, Non-Hispanic Asian or Pacific Islander
 Hispanic White (Non-Hispanic)

EMERGENCY CONTACT INFORMATION:

Name _____ Relationship to you: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Email: _____

INTERNATIONAL HEALTH INSURANCE:

The Office of Study Abroad and International Exchange offers students Health Insurance and Global Emergency Assistance for the duration of the 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. Insurance charges will be placed on ISIS and student is responsible for picking up insurance cards from Office of Study Abroad (allow 7-10 business days to process).

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)

Do you wish to purchase insurance through the Study Abroad Office? yes no

If no, please submit proof of unlimited emergency travel assistance for duration of travel.

If yes, please provide:

Date of departure from the U.S. _____ Date of return to the U.S. _____

Mailing address (**ONLY** if card will not be picked up):

By signing below, I acknowledge that I have reviewed the insurance coverage and choose of my own accord to purchase or not purchase this policy. I understand that all expenses related to my health are my responsibility. I also acknowledge that I will likely need to pay my own medical expenses incurred overseas, to be reimbursed according to the policy inclusions upon return.

Student 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

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

Amount Due for Insurance : _____ Charged to ISIS on: _____

Student picked up cards on: _____ Student requested cards to be mailed: Sent on _____