



CSUDH International Travel Authorization Form

Supplemental Form to be attached to the University/Foundation Travel Request Form

Hja Jb['cZ-bHfbUjcbU HFUj Y F Yei Ygfg. For international travel requests, faculty, staff, and students should request approval for their travel as early as possible so that approval takes place prior to purchasing flights and making other hotel and transportation arrangements. Every effort should be made to submit a completed: 1) Travel Request Form AND 2) International Travel Authorization Form, at least three weeks prior to travel. However, in accordance with [Technical Letter 2014-01](#), you should allow 30 days or more prior to travel to a country determined to be a CSURMA "War Risk" country, which requires approval from the CSU Systemwide Risk Management Office after the approval by the CSUDH President. The CSUDH President's approval is required for all international travel. The list of "War Risk" countries can be found at: <http://www.csudh.edu/Assets/CSUDH-Sites/RM-EHOS/docs/risk-management-ehos/Risk-Management-CSURMA-High-Hazardous-List.pdf>.

If the form is not completed correctly and submitted according to the time-line above, and if there are special safety or export control issues, it is possible that approval will not be granted."

Traveler's Information

First Name: _____ **Last Name:** _____
Title/Position: _____ **Department/College:** _____
E-mail while traveling: _____ **Traveler's Foreign Cell Phone:** _____
Traveler 's U.S. Cell Phone: _____
Traveler Status: Faculty Staff Student Volunteer
For Student Traveler: [Informed/Consent Waiver](#) Attached? Yes No

Emergency Contact Information

This information will be used to communicate with your emergency contact in the U.S. and/or abroad, should an emergency occur while you are traveling outside of the United States. Please include area code, city and country codes with phone numbers.

U.S. Emergency Contact's Name: _____ **Relationship:** _____
U.S. Emergency Contact's E-mail: _____ **U.S. Emergency Contact's Phone:** _____
Emergency Contact Abroad: _____ **Relationship:** _____
Emergency Contact Abroad's E-mail: _____ **Emergency Contact Abroad's Phone:** _____
Other Emergency Contact Information: _____

Purpose of Travel: _____
(select one or more) Attending Conference Student Recruitment Other Conducting Field Research Teaching Paper Presentation

Travel Destination and Dates - Include all Regions, Cities and Towns

Date of U.S. Departure: _____ **Date of Return to U.S.:** _____
Destination City: _____ **Destination Country:** _____

Additional Destinations? If "YES" include information below Yes No
Additional Destination: _____ **From Date:** _____ **To Date:** _____
Additional Destination: _____ **From Date:** _____ **To Date:** _____
Additional Destination: _____ **From Date:** _____ **To Date:** _____

Is any travel to the additional destinations listed above for personal travel? If so, please provide details below. Yes No

Airports Being Used:

Transportation To/From Foreign Airport Air Hired Car Hired Driver Rental Car Boat/Ship Bus
(select all that apply) Train Other
Transportation To/From Lodging and Site Air Hired Car Hired Driver Rental Car Boat/Ship
(select all that apply) Bus Train Other

Facility Details

Facility Name:

Facility Site Location:

Facility Point of Contact:

Type of Site: Urban Rural Both Urban and Rural

Airline Trip Summary

Do you have a flight itinerary? Yes No

Please use the fields below to enter your flight information as accurately as possible.

Outbound

Departure Date:	Departure Time:	From Airport:	Airline	Flight Number
<input type="text"/>				
Arrival Date:	Arrival Time:	From Airport:	Airline	Flight Number
<input type="text"/>				

Return

Departure Date:	Departure Time:	From Airport:	Airline	Flight Number
<input type="text"/>				
Arrival Date:	Arrival Time:	From Airport:	Airline	Flight Number
<input type="text"/>				

If travel destinations include locations on either the CSURMA High Hazard, "War Risk" or U.S. Department of State list of Travel Advisories at Level 3 or Level 4 list please describe any safety and travel precautions planned for this trip. Please be advised that travel authorization may be rescinded at any time if risk conditions change.

This information accurately reflects information related to my University travel. If any dates, locations or travel information changes, I will report the updated information to the appropriate administrators in my department and to risk management for foreign travel insurance purposes.

Traveler's Signature

Date

Recommended for Approved by:

AVP/Dean

Date

Provost/Vice President

Date

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