

Office of International Education (OIE) – non-credit/co-curricular experiences
 Return completed form to oiadvising@willamette.edu or send it hardcopy to OIE- Matthews.

FOR ALL STUDENT INTERNATIONAL TRAVEL: Complete this form for _____ you are planning
 _____. OIE has been asked to track the presence of WU related persons abroad for safety and liability reasons.

FOR ALL U.S. and INTERNATIONAL STUDENT TRAVEL: This form DOES NOT replace your obligation to register your travel with Campus Safety via the Trip Form, <http://willamette.edu/dept/safety/trip/index.php>

FOR ALL INTERNATIONAL TRAVEL: Register all participants in U.S. government Smart Traveler Enrollment Program (STEP) in order that the U.S. Department of State can

How is this activity funded? grant/award, individual participants, dept, or other?	
INSURANCE- health, travel, liability	Have you discussed with participants or otherwise made arrangements for health insurance for participants? If NO, please contact the Office of International Education <oiadvising> for options.

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Primary Destination:
 (city, country)

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Period of International Travel:
 (dates outside of the U.S.)

Start date:	End date:
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Primary activity:

Where/how can you be reached while at your primary destination?

Place (name of hotel/hostel, family name, institute, etc.)	<input type="text"/>
ADDRESS (physical location):	<input type="text"/>
Contact Name)	(manager or other person who will be aware of your general whereabouts)
Contact's phone number(s):	<input type="text"/>
Contact's email:	<input type="text"/>
YOUR Phone number(s) while abroad: × cell? / landline?	<input type="text"/>

Please provide information for a contact in the U.S. who will have the ability to reach you while you are abroad.

Contact Name:	<input type="text"/>
Relationship to you:	<input type="text"/>
Phone number(s): × cell / landline	<input type="text"/>

You may attach a list