

Non-Curriculum International Travel Checklist

START EARLY:

You need to begin at least three months prior to your trip!



Destination: _____ Date(s) of Travel: _____

Student Organizer: _____ Faculty Participant: _____

Student organizer must:

- Send an e-mail to studentaffairs@westernu.edu and your college/program's student affairs professional (SAP*) or department chair, at least three months prior to your trip with: date, location, name of faculty member(s) participating, approximate number of students and purpose of the trip. This form is not for curriculum related travel. Work with your college's student affairs professional for all curriculum related travel.
Faculty participation is required for the trip to be recognized as a WesternU event. Without their participation you cannot advertise the event on campus, you will not be covered under WesternU's medical malpractice insurance and no portion of your trip can be reimbursed from any WesternU account.
- Complete the [Health Screening Approval Form](#)
- Compile a list of all student travelers using the format provided: [International Travel – List of Student Participants](#)
- Complete [page 8-9 of the International Health Experience Application](#)

Each student traveling must:

- Complete [pages 13-18 of the International Health Experience Application](#)
- Complete the online [Student Travel Notification Form](#)
- Provide a copy of your passport and/or visa (must have your photo and passport/visa number)
- Have insurance coverage for international travel and provide a photo copy of their card. *Travel health insurance (medical coverage) and Medevac insurance (evacuates you for medical emergencies from the country you are in). Consideration should also be given to repatriation insurance.*
- Research your destination for immunizations and travel restrictions:
 - o [Patient Care Center, Travel Health Center](#) (Pomona)/[Samaritan Health Services, Travel Medicine](#) (Lebanon)
 - o [Center for Disease Control](#)
 - o [US Department of State, Travel Warnings](#)
- You are encouraged to enroll in the [Smart Traveler Enrollment Program](#) with the U.S. Department of State
If your travel destination has any active travel warnings from the U.S. Department of State, you may be required to complete an additional waiver.

Two months prior to departure:

Schedule a meeting with Christy, Jessica or Dr. Fernandes-Paul and bring all of the completed paperwork mentioned above.

Pomona: Christy Ho | hoc@westernu.edu | 909 469-5616 Jessica Kersey | jkersey@westernu.edu | 909 706-3517

Lebanon: Dr. Mirabelle Fernandes-Paul | mfernandespaul@westernu.edu | 541 259-0220

For University Student Affairs (USA)/COMP-Northwest Office Use Only:

Mark if Complete:

- Health screening approval form**
- Send faculty/preceptor **international travel application for faculty/staff** (pages 6-12) and **emergency protocol**
 - o Date received complete: _____
 - o Dean's approval required for faculty/preceptor
Date approved: _____
- List of student travelers
- Student travel notification form** (electronic) approved by Student Affairs Professional* for all travelers
- International health experience application** for all students
- Proof of health insurance for all students
- Save all documents to W:Student Affairs & Risk Management & Notify RM (one month prior to departure)
- Approved by Risk Management: ____/____/____ Date (____) Signature
- Health screening binder provided or not required – confirm with RM
- Participant list, patient waivers and binder returned to USA/COMP-Northwest student affairs or not required –confirm with RM

Notes: _____