



Please provide the appropriate information that Louisiana State University and/or outside sources may use to communicate with you in the event of a crisis:

Traveler name as it appears on Passport: _____

Passport Number: _____ Expiration Date: _____

Phone number(s) where traveler can be reached internationally: _____

Physical Address of all accommodations while abroad: _____

Please provide an alternate person that Louisiana State University and/or outside sources may use to communicate with you in the event of a crisis:

Name: _____ Relation to Traveler: _____

Phone Numbers (cell/work/home): _____

E-mail: _____

Physical Address: _____

Please provide departmental contacts for the University to work with in the event of a crisis:

Name & Title: _____ Department: _____

Phone Numbers (cell/work/home): _____

E-mail: _____

Secondary Contact Person: _____ Phone: _____



Please provide the names of any other travelers or individuals you will be working with during the trip:

Name: _____	Phone: _____	Affiliation: _____
Name: _____	Phone: _____	Affiliation: _____
Name: _____	Phone: _____	Affiliation: _____
Name: _____	Phone: _____	Affiliation: _____
Name: _____	Phone: _____	Affiliation: _____

Please provide a complete itinerary of your travel, including all departure/arrival dates, airline flight #'s, locations, and modes of transportation.



1. Why must the travel take place at the proposed location?

2. Could you engage in a similar or alternate program in a different location?

3. How is the travel critical to the mission of the University?