

Registered Student Organization International Travel Reporting Form

If you have questions about this form; want to provide additional information about the proposed international activity please contact International Safety and Security, safetyabroad@illinois.edu.

Note: It is the group leader's responsibility to notify the Illinois International, International Safety and Security Team in writing if this program is canceled or if any participants are going to be added or withdrawn from the group. Notice must be received prior to the group's departure date. Failure to do so will result in fees being charged to the group leader's account.

SORF: For student groups applying for SORF, Illinois International Office of International Safety and Security must receive this form on or before the SORF international travel deadline in order to be considered for SORF funding. Upon turning the form in to International Safety and Security ask them for a copy of the front page with the date stamp as proof. Submit the dated copy with your application to SORF as it will satisfy the registration requirement with our office.

RETURN FORM: At least two months prior to your group's departure date to Illinois International's International Safety and Security at 507 E. Green Street, Suite 401, Champaign IL, Phone: 217-333-6104.

PROGRAM SPONSORSHIP	
Name of National Organization	
Name of Student Group	
Dates of Program	
City/Cities of Program	
Country/Countries of Program	
Who are the group leader(s)? <i>Please include all leaders Names, E-mails, U.S. Cell Phone Number, AND Cell Phone Number that will be in service while abroad.</i>	
Who are the Host Organization(s) or Institution(s) Abroad? <i>Please include the name, address and phone number for the Host Organization(s) or Institution(s).</i>	
National Organization Contact Information <i>Please include website, email, phone numbers and other pertinent information that can be used to correspond with the national organization.</i>	

<p>Is this program or tour co-sponsored with other U.S. Institution(s)?</p> <p><i>Please include Name(s) and Contact Information for all institution(s) and liaison(s).</i></p>	
PARTICIPANTS	
<p>How many students will be participating on this program?</p>	
<p>Who are the accompanying faculty/staff members, if any? Include their names, e-mail addresses, and titles.</p> <p><i>**Faculty must complete a separate International Insurance registration form found on the International Safety & Security website (www.safetyabroad.illinois.edu).</i></p>	
<p>ATTACH LIST OF PARTICIPANTS & STAFF WITH NETIDS: The list should include group leader(s), student participants, and any faculty/staff traveling with the group. List should be typed.</p>	
PROGRAM DETAILS & FACILITIES	
<p>ACCOMMODATIONS: Provide the address(es) and contact information for the living accommodations.</p>	
<p>ACCOMMODATIONS: How were the accommodations selected? Were they recommended by a local institution, past participants, the national organization, etc.?</p>	
<p>MEALS: How, and where, will meals be provided?</p>	
<p>LOCAL TRANSPORTATION: How will students commute on a daily basis? What will the method of transport be between cities or destinations?</p>	
<p>INTERNATIONAL TRAVEL: How will participants reach the program destination and return to the U.S.?</p>	
<p>What travel agency is being used to schedule travel and accommodations, if any?</p>	

<p>ATTACH FLIGHT ITINERARY: If a group flight one itinerary will suffice, if all are flying separately include each participants' flight itinerary.</p>															
<p>ATTACH PROGRAM ITINERARY: Please describe day-to-day plans and any planned excursions. Include method of transportation, accompanying responsible person(s), and accommodations.</p>															
<p>HEALTH & SAFETY</p>															
<p>INTERNATIONAL INSURANCE: Note that all participants must be covered by the University of Illinois' International Insurance. The Insurance will be charged as the International Health and Safety Fee. The cost breakdown is as follows:</p> <table border="1" data-bbox="204 779 979 1045"> <thead> <tr> <th>LENGTH OF PROGRAM</th> <th>FEE (in U.S. Dollars)</th> </tr> </thead> <tbody> <tr> <td>Up to 2 weeks (1-16 days)</td> <td>\$75</td> </tr> <tr> <td>Month (17-45 days)</td> <td>\$90</td> </tr> <tr> <td>Short Term (46-75 days)</td> <td>\$140</td> </tr> <tr> <td>Semester (76-195 days)</td> <td>\$200</td> </tr> <tr> <td>Academic Year (196-315 days)</td> <td>\$365</td> </tr> <tr> <td>Calendar Year (316-365 days)</td> <td>\$420</td> </tr> </tbody> </table> <p>For more information about the International Insurance please visit the International Safety and Security Website: www.safetyabroad.illinois.edu</p>		LENGTH OF PROGRAM	FEE (in U.S. Dollars)	Up to 2 weeks (1-16 days)	\$75	Month (17-45 days)	\$90	Short Term (46-75 days)	\$140	Semester (76-195 days)	\$200	Academic Year (196-315 days)	\$365	Calendar Year (316-365 days)	\$420
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<p>BILLING: Will student accounts be charged for the International Insurance, or will a department on campus be paying for the fee?</p> <p>If a department on campus will be paying the fee please provide the department name and a CFOPAL number.</p>															
<p>WAIVERS: Have participants been informed that they must visit the International Safety and Security website (www.safetyabroad.illinois.edu) to sign all necessary waivers and provide emergency contact information?</p> <p>NOTE: These waivers must be printed and turned in with this form for all participants.</p>															
<p>ORIENTATION: Have group leaders been informed that they will need to attend a MANDATORY Program Leader Orientation conducted by International Safety and Security?</p>															

Calendar of upcoming training: https://calendars.illinois.edu/list/6019	
ORIENTATION: Have student participants been informed that they will need to attend a MANDATORY Health and Safety Orientation conducted by International Safety and Security? Calendar of upcoming training: https://calendars.illinois.edu/list/6019	
ORIENTATION: Will there be an on-site orientation about local health and safety issues?	
NATIONAL ORGANIZATION SUPPORT: What support does the National Organization provide? What planning or service are provided? Does the organization have to approve the travel, and if so, what is required for approval?	
MEDICAL SERVICES: What medical services available at the program site? What provisions can be made for emergency health situations?	
HEALTH AND SAFETY RISKS: What notable health and safety risks (e.g., infectious diseases, political instability, natural disasters, etc.) exist in the country of destination? <i>See the Center for Disease Control and Prevention (CDC) website, www.cdc.gov, and the Department of State Country Pages, https://travel.state.gov/content/passports/en/country.html.</i>	
HEALTH AND SAFETY RISKS: What medications or immunizations are required for the country of destination? Where can you receive them? <i>See the Center for Disease Control and Prevention (CDC) website, www.cdc.gov, for information about required and recommended medications and immunizations by country.</i>	
GROUP EMERGENCY PLANNING	
In event of an emergency abroad, who should International Safety and Security Contact Abroad?	

<i>Please include a name and international phone number.</i>	
Where are the group meeting locations in the event of a local emergency, and how will participants know to go there? <i>Please include addresses or maps of meeting locations.</i>	
Who is responsible for arranging evacuation of the group if necessary? <i>For example: National Organization, Local Contacts, Faculty Leaders, U.S. Embassy, Illinois Study Abroad Personnel, etc.</i>	
EMBASSY REGISTRATION	
Will participants register themselves with the local U.S. Embassy or Consulate, or will the group leader register the group? <i>See: https://travelregistration.state.gov/ibrs/</i>	
Have all participants registered with the Smart Traveler Enrollment Program (STEP)? <i>See: https://step.state.gov/step/</i>	
What is the location and address of nearest U.S. Consulate or Embassy?	

Name of Individual Submitting Form

Signature of Group Leader

Date

Signature of Faculty Advisor (if applicable)

Date

Signature of Study Abroad Office Director

Date

PLEASE ATTACH THE FOLLOWING:

- List of participants (including each student's full name, birthdate, and NetID)
- Flight itinerary
- Program itinerary