

CSUDH International Travel Authorization Form

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

Timing of International Travel Requests: 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: https://www.csudh.edu/rm/insurance/hazardous-countries-list

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		rai viii not be grantea.	
		Last Name:	
First Name:		=	
Title/Position:		Department/College	
E-mail while traveling:		Traveler's Foreign	
Traveler 's U.S. Cell Phone:		Cell Phone:	
Traveler Status:	☐ Faculty ☐ Staff ☐ S	Student	
For Student Traveler: Informed/0	Consent Waiver Attached?	Yes No	
			expenses for the trip? YES NO Note: All travel expenses must have a funding
Emergency Contact Inform	nation		
This information will be used to communited States. Please include area	municate with your emergency contact in th code, city and country codes with phone r	ne U.S. and/or abroad, should an en numbers.	nergency occur while you are traveling outside of the
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:	Attending Conference		☐ Paper Presentation
(select one or more)	Student Recruitment Other		
Travel Destination and Dat	es - Include all Regions, Cities	and Towns	
Date of U.S. Departure:		Date of Return to	U.S.
Destination City:		Destination Cou	ntry:
Additional Destinations? If "YI	ES" include information below	O Yes O No	
Additional Destination:		From Date:	To Date:
Additional Destination:		From Date:	To Date:
Additional Destination:		From Date:	To Date:
s any travel to the additional d	lestinations listed above for persor	nal travel? If so, please provi	de details below. Yes No
Airports Being Used:			
Amporto Deilig Obed.			

Transportation To/From Foreign Airport	Air	Hired Car	Hired Driver	Rental Car	Boat/Ship	Bus
(select all that apply)	Train	Other				
Transportation To/From	Air	Hired Car	Hired Driver	Rental Car	Boat/Ship	Bus
Lodging and Site (select all that apply)	Train	Other				
Export Control:						
United States laws regulate the regulations help to ensure natio fines and other sanctions. To a regulations of the U.S.	nal security an	d advance Ú.S. ecor	omic interests at home ar	d abroad. Non-complian	ce with federal requiremer	nts can result in
The California State University website: http://www.csudh.edu/				the Graduate Studies a	nd Research Export Contr	ol
I have reviewed the Export Con	trol website and	d regulations and cor	nfirm that I do not need an	Export Control License. *	Yes	No
*Should your travel require an E agency. Allow yourself sufficier		icense, please note	that it can take several mo	onths for that application	to be reviewed, dependinç	g on the federal
Travel to CSURMA High I Travelers must review both the CS section, to determine if any destin destination appears on either list,	SURMA High Ha ation (including	zard Country List and layovers) appears on	the US Department of State either list. Checking either	Travel Advisory Level 3 or	r Level 4 Destination list, usi	
CSURMA High Hazard and "W Note: Travel to a "War Risk" dest			val by Systemwide Risk Man	agement in the Chancellor	's Office.	
Dankin skinn on Hink Hammel ink	☐ Ye	s 🔲 No				
Destination on High Hazard List Destination on "War Risk" List	☐ Ye	es 🔲 No				
https://www.csudh.edu/rm/insu	urance/hazardo	ous-countries-list				
U.S. Department of State Travel	Advisory Levels					
Destinations on U.S. Department of	•		l 3 or Level 4?	□ Yes □ No		
https://travel.state.gov/conten	t/travel/en/trav	veladvisories/travela	advisories.html			
U.S. Department of State Safe T	raveler Enrollm	ent Program (STEP)				
Traveler enrolled in the STEP Prog						
The Smart Traveler Enrollment Pr Consulate. The benefits of enrolling you make informed decisions about and helps family and friends get in https://step.state.gov/step/	ng in the STEP p ut your travel pla	is a free service to allo program include receiv ans. STEP helps the U	ing important information fro	m the embassy about safe	ety conditions in your destina	ation country, helping
Safety Tips While Traveling A I have reviewed the "Safety Tips Whithat is available from the following whitp://www.csudh.edu/Assets/	nile Traveling Abr vebsite:		☐ Yes ☐ No	-		visiting abroad
Tittp://www.csudifi.edu/Assets/	OCODIT-OILES/	KW-L1100/d0c3/113/	t-management-enos/out	ty rips for traveling	Abroad.pdi	
Lodging/Accommodations	☐ Private R	esidence				
Where will you stay during your trip?:	☐ Hotel ☐ Other					
Lodging Name:						
Lodging Address:						
Lodging Phone: (include city and country code)						
Additional Lodging Location If "YES", include information be		Yes	No			

Additional Lodging Nan	ne:			
Additional Lodging Add	Iress:			
Additional Lodging Pho (include city & country cod				
Facility Details				
Facility Name:				
Facility Site Location:				
Facility Point of Contac	t:			
Type of Site:	☐ Urban	Rural	☐ Both Urban and Rural	
Airline Trip Summary	,			
Do you have a flight itinerary?	☐ Yes ☐ No			
Please use the fields be	low to enter your flight in	formation as accurately as	s possible.	
Outbound				
Departure Date:	Departure Time:	From Airport:	Airline	Flight Number
Arrival Date:	Arrival Time:	From Airport:	Airline	Flight Number
Return				
Departure Date:	Departure Time:	From Airport:	Airline	Flight Number
Arrival Date:	Arrival Time:	From Airport:	Airline	Flight Number
If travel destinations include or Level 4 list please descrany time if risk conditions	ribe any safety and travel pr	URMA High Hazard, "War Ris ecautions planned for this trip	sk" or U.S. Department of State list on the sky of the	of Travel Advisories at Level 3 norization may be rescinded at

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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