

Hampton University International Office
Phenix Hall Room 103
Hampton, VA 23668
757-728-6914
FAX 757-637-2100
Samaria.haysbert@hamptonu.edu

“All international faculty led travel involving Hampton University students must be registered with the Hampton University International Office.”

Faculty Member(s): _____

Department: _____ **HU, Sponsoring Institution or Agency:** _____

Campus Ext: _____ **Email:** _____

Travel Destination: _____

Check: Fall Semester: _____ Spring Semester: _____ Summer Semester: _____

Winter Semester: _____ Spring Break: _____

Credit Award: _____ **Non Credit:** _____

Date: _____
Student Signature

Date: _____
Signature of Department Chair or Program Director

Brief Summary of Activity:

Check List:

- Itinerary
- Copy of Orientation Agenda
- Names of Students and Contact Information (Exp. Below)
- Responsibility and Assumption of Risk Regarding Study Abroad Programs
- Group Leaders Contact Information
- Verification of Health Coverage (Ask Student Accounts)
- Verification of Medical Clearance (Ask Infirmary)

Must be submitted 15 days before travel

Student Contact Information

Name	Email	Phone #	Student I.D.
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Emergency Contact Information

Name	EC- Email	EC- Phone #	Relationship
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Office Use Only:

File Complete Date: _____ Study Abroad Director Signature: _____