

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.”

Student Leader(s) or Faculty Member(s): _____

Department if applicable: _____, **Sponsoring Institution or Agency:** _____

Cell and or Campus Ext: _____ **Email:** _____

Travel Destination: _____

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

Winter Semester: _____ Spring Break: _____

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

_____ **Date:** _____ **OR** _____ **Date:** _____

Student(s) Signature

Signature of Department Chair or Program Director

_____ **Date:** _____

Student 2 if applicable

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

Leader/Student Contact Information & Emergency Contact Information (Create chart below. Attach table on a separate page, there should be only 1 of these forms)

Role	Name	Email	Phone #	Student I.D. (if applicable)	EC Name	EC Email	EC Phone #	Relationship (if applicable)

Office Use Only:

File Complete Date: _____

Study Abroad Director Signature: _____