

## International Travel Request Authorization - Individual

Note: All travel to countries listed on the UT-Restricted Regions list must be approved by the International Oversight Committee. Please visit <a href="http://world.utexas.edu/risk/travelpolicy">http://world.utexas.edu/risk/travelpolicy</a> to view official policy and procedures. Sea vessels are not restricted nor a Restricted Region. Sea vessel travel affects insurance coverage. International SOS coverage does not take effect until a traveler is on land in a country of coverage.

Part I.	STUDENT TRAVELER INFORMATIO	N
Name of Student		EID
E-mail		Phone
Student Signature		Date
If you would like fo below (optional).	or your department to be notified once your travel has been	n approved, please include a departmental contact name and email
Name		Email
	Grad. Coordinator BDP Coord. Advisor	Scholarship Coord. Other
Part II.	DESCRIPTION OF TRAVEL	
Destination(s)/Locati	ion(s)	
Purpose of Trip		
Departure Date		Return Date
	Academic Travel	Non-academic Travel
<ul><li>Disserta</li><li>Languag</li><li>Internsh</li><li>Field Stu</li><li>TAS's / A</li></ul>	etion Research (research in general)  ge study for UT academic credit or degree req.  hips for UT academic credit or degree requirement  udy  Al's / Research Assistants / Graduate Assistants  • Co	-academic travel is defined as: onference or student organization travel nternship unrelated to UT academic equirements/credits, <u>but</u> supported through UT cholarship, grant, salary stipend or coordination support A's / Al's / Research Assistants / Graduate Assistants still on enrolled as students, yet <b>not receiving</b> UT academic

credit or marks toward degree completion for their study

abroad experience.

or marks toward degree completion for this study abroad

experience.

Part III.	REQUIRED ACADEMIC ENDORS	EMENT
Name of Depa	artment Chair	
Signature of D	Department Chair	Date Signed
Department		E-mail
Work Phone		Mobile Phone
Part IV.	EMERGENCY MEDICAL AUTHO	RIZATION
my behalf, to advice of an	o any medical/hospital care or treatm y licensed physician. e responsible for all necessary charges	rsity of Texas at Austin and its agents or representatives to consent, on ent (including locations outside the U.S.) to be rendered upon the incurred by any hospitalization or treatment rendered pursuant to this
The effective	e dates of this authorization are	to
I am eighteen years of age or older, have read the above authorization, and confirm that the information contained therein is true and accurate.		
		re:
(	(Student Signature)	

Part V.	RELEASE & INDEMNIFICATION	I AGREEMENT		
Student Name	e:	UT EID:		
Student Addre	ess:			
City:	State:	Zip Code:		
Description of	Activity/Trip:			
Mode(s) of Tra	ansportation:			
Dates of Activ	ity/Trip: FROM	то		
Activity or Trip in my illness, p In consideration death that ma board, officers heirs, next of	o. I acknowledge that the nature of personal injury or death and I under on of my participation in the Activitary result from such participation and s, employees and representatives fr kin, and assigns for any and all clain	f age or older and have voluntarily applied to participate in the above the Activity or Trip may expose me to hazards or risks that may result estand and appreciate the nature of such hazards and risks.  If yor Trip, I hereby accept all risk to my health and of my injury or defend I hereby release the University of Texas at Austin, its governing from any and all liability to me, my personal representatives, estate, as and causes of action for loss of or damage to my property and for		
the Activity or employees, or Austin and its person(s) and	Trip, whether caused by negligence representatives, or otherwise. I ful governing board, officers, employe	g my death, that may result from or occur during my participation in e of the University of Texas at Austin, its governing board, officers, other agree to indemnify and hold harmless the University of Texas at es, and representatives from liability for the injury or death of any t from my negligent or intentional act or omission while participating		
I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DEATH OR DAMAGE TO MY PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY OR TRIP AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION.				
Signature of St	tudent:	Date:		
Signature of W	/itness:	Date:		
Printed Name	of Witness:			

## Part VI. REQUIRED TRAVEL REGISTRATION

In addition to this form, **all students traveling internationally must register** their travel online in the <u>UT International Travel Registry (ITR)</u> using the link provided.

After registering in the ITR, students should either print out or download a .pdf of their confirmation document by using the *Print Your Confirmation Page* button inside the <u>ITR</u>. Students **must include** a printed or .pdf version of their Confirmation of Registration in the ITR when they submit their completed International Travel Request Authorization Form (ITRAF) to the International Office.

## **HOW TO SUBMIT**

When completed, all documents should be submitted to: <a href="mailto:travelabroad@austin.utexas.edu">travelabroad@austin.utexas.edu</a>. Please include your first name, last name, and EID on all document attachments. Example: "JohnSmith abc123 ITRAFDocs"

Materials may also be submitted to the UT Austin International Office by mail or in-person:

ATTN: ITR/ISR Coordinator Campus Mail Code: A7000

Physical Address: 2400 Nueces St., Suite B Austin, TX 78705

Mailing Address: P.O. Box A

Austin, TX 78713-8901

Fax:

512-232-4363

Submission of all Travel Request Authorization materials to the International Office is an important part of preparing for a safe trip abroad; travel should <u>not</u> begin before UT has officially granted approval.

Student Checklist for Submission:					
	Completed ITRAF Form (Parts I, II, III, IV and V)				
	UT International Travel Registry Confirmation (Part VI)				
Importan	t Notes:				

- 1. You will receive confirmation of your authorization for travel via email once you have been cleared.
- 2. Estimated processing time for this form is **4 to 7 days**. Please plan accordingly.