



The University of Iowa

Student Travel Abroad Registration Form

Personal Information:

Name _____ University ID # _____

NOTE: Your UI email address will be used for all necessary communication while you are abroad.

Emergency Contact:

Name(s) _____ Relationship to you _____

Cell Phone _____ Home Phone _____ Work Phone _____

E-mail Address _____

Travel Information:

Purpose of travel (*check all that apply*) ☐ Credit-earning academic program ☐ Internship/practicum ☐ Service learning/community engagement ☐ Volunteering ☐ Research ☐ Conference ☐ Other (*please specify*) _____

If travel is funded, promoted, or organized by a University of Iowa college/unit or faculty/staff member, provide contact:

Name _____ College/Unit _____

Primary Destination (*city, country*) _____

Dates of UI-related travel (*mm/dd/yy*) _____ to _____

Additional countries you will visit _____ Dates _____

NOTE: Personal travel and/or vacation time is not to be included on this form. See [Purchase of Coverage for Personal Travel](#) if you wish to purchase additional coverage.

Will you earn academic credit for your time/work abroad? ☐ Yes ☐ No

If yes, list number of credit hours you will earn _____

If yes, which institution is granting the credit? _____

NOTE: If your plans include travel to an area that is currently under a [U.S. State Department travel advisory](#) Level 3 (reconsider travel), you may need to complete an additional waiver form. Email safety-abroad@uiowa.edu about this requirement. Student travel under the auspices of UI is not approved for locations where the U.S. State Department assigns a Level 4 (do not travel) rating.

☐ I am traveling to a country under a travel advisory Level 3, and have attached the required waiver.

☐ I am not traveling to a country under a travel advisory Level 3.

Please attach the following to this form:

☐ A copy of the information page of your passport

By signing this form below, I certify that:

- ◆ to the best of my knowledge, the information in this application is correct
- ◆ I understand that I will be enrolled in the [mandatory CISI insurance program](#) and the charges will appear on my U-Bill
- ◆ I have read and agree to the University of Iowa's [Conditions of Participation for Students Traveling Internationally](#)

Signature _____ Date _____

Email the completed form and documents to safety-abroad@uiowa.edu or bring to the University of Iowa Study Abroad office, 1111 University Capitol Centre, Iowa City, IA 52242.