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 _______________________________

Return the completed form and documents to University of Iowa Study Abroad, 1111 University Capitol Centre, Iowa City, IA 52242.