OFFICE OF INTERNATIONAL PROGRAMS
STUDY ABROAD

GRADUATE & PROFESSIONAL SCHOOL STUDENT
TRAVEL ABROAD INFORMATION SHEET

To be completed ONLY by individual students traveling overseas;
ILAC, Project CURA, and Faculty-Led program participants should NOT complete this form.

Submit completed form AT LEAST 2-6 months PRIOR to your intended travels overseas.
After receiving this form, the OIP will contact you regarding additional pre-departure forms and travel insurance.

SECTION A: PERSONAL INFORMATION

Last Name ____________________________ First Name ____________________________ M.I. _______ NetID or Student ID # _______

Local or Campus Address ______________________________________________________

City ____________________________ State __________ Zip __________

Local or Campus Phone ____________________________ Cell Phone ____________________________ Permanent Phone ____________________________

Gender: ☐ Female ☐ Male

SECTION B: ACADEMIC INFORMATION

Name of CU Graduate/Professional School in which you are currently enrolled ____________________________

Anticipated Graduation Date (i.e.-May 2016) _______

CU faculty/staff supporting/supervising your participation in the program abroad ____________________________

Department ____________________________ Campus Phone of CU faculty/staff ____________________________

Will you receive academic credit towards your Creighton degree for your activities abroad? ☐ Yes ☐ No

Do your activities abroad fulfill a requirement of your Creighton degree (i.e.-rotation, internship)? ☐ Yes ☐ No

SECTION C: PROGRAM ABROAD INFORMATION

Name of organization/institution in host country where you will be carrying out your activities or studies ____________________________

Abroad Program City ____________________________ Abroad Program Country ____________________________

Name of contact person(s) in host country; person who will be assisting you in your host country (may be CU faculty, if traveling together) ____________________________

Email Address of In-Country Contact Person ____________________________ Phone Number of In-Country Contact Person ____________________________

Anticipated Departure Date _______ / _______ / _______ Anticipated Return Date _______ / _______ / _______

Briefly describe the nature of what you will be doing in the host country (i.e.-research, study, intern, rotation, etc):

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

SECTION D: STUDENT SIGNATURE

I certify that the information on this form is accurate and complete. I agree to contact the Office of International Programs immediately if any of the information changes or becomes inaccurate at any time.

Student Signature ____________________________ Today’s Date _______ / _______ / _______