UNIVERSITY OF MINNESOTA

Twin Cities Campus

Division of Epidemiology and Community Health
School of Public Health

TRAVEL ASSESSMENT WORKSHEET

All Division of Epidemiology and Community Health students traveling to a country outside of the US are required to complete this worksheet. This worksheet must be submitted before registration permission will be issued. This worksheet should be completed after the School of Public Health Field Experience Contract has been completed (for field experience). Students traveling for their culminating experience must attach a copy of their completed culminating experience approval form.

Name: _____ Major: _____

Academic Advisor: _____

Field Experience/Project Supervisor _____

Actual Dates of travel _____

Cell Phone #: _____ Email_____

Please provide a description of the following:

1. What country/countries you plan to travel in/through during your experience? If traveling to more than one country please detail what countries you are traveling to and the dates you will be in those countries. Please also note if you have you travelled to this/these country/countries before and why?

2. What location(s) within that country are you working in (e.g., urban vs. rural, where in the city, or countryside, etc.)? In what setting will you be working (e.g., office, hospital, in the community)?

3. With which populations will you be working?

4. With which organization will you be working? If this organization has a web site, please provide.

5. Does your anticipated experience involve work in a clinical setting that would expose you to blood or other body fluids from patients? If yes, please explain the nature of your work and note any additional training you plan to receive and any protocols in place/steps you will take to protect yourself.

6. How are you funding your travel expenses? This includes (a) airline travel; (b) in-country expenses, (c) passport and visa, and (d) any educational expenses (i.e. registration requirements).

7. Name, contact information and qualifications of your in country supervisor during this experience.

8. Where will you be staying when you arrive and how will you get to this location from the airport? Please provide a specific address and contact information (phone number, email).

9. What is your emergency communication plan? Who will you contact on site (name, phone number)? How can the University of Minnesota reach you in an emergency?

10. Are you aware of any specific safety risks in the area to which you are traveling?

11. Are any of the countries you plan to visit on the State Department Travel Warning list?
□ Yes □ No
http://travel.state.gov/travel/

If yes, please attached the approval letter received by the International Travel Risk Assessment and Advisory Committee (ITRAAC). NOTE: Apply early! A complete application must be submitted electronically at least six to eight weeks before proposed travel.

12. Have you discussed your travel plans with a University faculty member who conducts research in the area you are traveling? ☐ Yes ☐ No

* If YES: Faculty Name: _____ Dept. _____

E-mail:_____

Student Signature:_____ Date: _____

Academic Advisor Signature: _____ Date: _____

This section will be completed by the Program Coordinator

Approval Granted ☐ Yes ☐ No Date: _____

Int'l Advisory Team Signature: _____Printed Name: _____

GPS Alliance Review Complete: ☐ Yes ☐ No

Registration Permission Granted: ☐ Yes ☐ No

Program Coordinator Signature: _____