# State University of New York Upstate Medical University

Name:			
	First	Middle	Last
College/Program:			
Contact Information: Phone:	E-mail:		
Dates of Travel: Departing on: Month	_// Return Day Year	ing on:/ Month Day	_/ Year
Destination Country:			
Study Abroad Program Name:			
Are you seeking academic academic credit for this experience?			

**To the Student:** As a necessary precaution to protect the State of New York, the State University of New York and Upstate Medical University. As part of the Study Abroad Contract, we ask that you read carefully and indicate with your checkmark and signature that you understand and have complied with the following requirements for International Travel.

Pre-departure requirements:

### Travel

I have submitted a copy of my passport and travel itinerary, or completed on-line travel registry I have reviewed the U.S. State Dept and CDC Travel Warnings and Restrictions on their websites I have obtained a valid passport that is valid at least 6 months in the future I have obtained a valid travel visa for the country I am visiting, if applicable I have enrolled in the U.S. State Department's SMART Traveler Enrollment Program (STEP)

### Insurance Health, Health and Safety

I have purchased SUNY sponsored Upstate Study Abroad Insurance (HTH) I have purchased SUNY sponsored Upstate Upstate Medical/Political Evacuation/Repatriation Insurance (FrontierMEDEX) I have registered in HTH and FrontierMEDEX on-line site tools I have visited a physician, healthcare provider or travel clinic for a health assessment and to receive the CDC recommended immunizations I have submitted documentation of immunizations received I have submitted the SUNY Agreement and Release forms for International Programs Code of Conduct

I will abide by the Upstate Medical Code of Conduct I have reviewed country specific information regarding customs and acceptable behavior about the country I'm traveling to and will conduct myself accordingly.

# Academic Approval

I have obtained prior approval from the appropriate Dean, program, or department chair if I am seeking academic credit for this experience.

## **Pre-Departure Training**

I have participated in mandatory pre-departure training sessions

Upon Returning to the U.S. Requirements:

## Program Evaluation/Debriefing Session

I will complete a program evaluation or will attend a debriefing session about my international experience after I return to the United States.

Student's Signature

Assistant Registrar/International Student Advisor

Date

Date