

International Travel E-Form Resource Guide for IAP Students








Stony Brook
University

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 <p>Study Abroad & Exchange</p>	 <p>Visa & Immigration Services</p>	 <p>Confucius Institute</p>	 <p>Global Studies Institute</p>
 <p>International Travel E-Form</p>	 <p>Intensive English Center</p>	 <p>Grants for Overseas Study</p>	 <p>SUNY International Newsletter</p>



SELECT 'NO'



Stony Brook **University** | International Travel Policy Forms

Is your travel supported by sponsored funding through the Research Foundation?

If 'Yes' this process will be redirected to the Office of Grants Management electronic form.

- Yes**
- No**

MAKE SURE YOUR ARE LOGGED IN AS YOURSELF



Stony Brook **University**

| The State University of New York

Do you want to remain logged in as _____ ?

If 'No' you will be logged out. Please restart the electronic form from the IAPS webpage.

Yes

No

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Traveler Information:

Department:
Preferred Phone:



Travel Dates:

Travel Start Date:
Travel End Date:

Travel Information:

Country:
Reason:

Is the destination currently on the U.S. Department of State's Travel Warnings list?

The U.S. Department of State's Travel Warnings List can be found at Travel.State.Gov. The Office of Global Affairs must approve travel to countries appearing on the State Department's warnings list.

*If 'yes' download the [Assumption of Risk](#) form, complete and email it to the Office of Global Affairs at globalaffairs@stonybrook.edu for approval.

Note: Do not fill out the form in your browser, you must save it to your computer first.

- Yes
- No



Participant Position:

- Faculty
- Student
- Staff



Put "IAP" for department

If needed, email Assumption of Risk to your SBU Study Abroad advisor as well

Select "Student"

SELECT “STUDY ABROAD/EXCHANGE

International Activity:

Note: If you are not participating in a program through the International Academic Programs Office then please select 'Research/Other'.

- Research/Other
- Study Abroad/Exchange

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SELECT YOUR TERM AND YEAR

Study Abroad Term & Year:

What term and year are you traveling abroad?

Term:

Year:

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SELECT 'NO'

Travel Expense Information:

Do you intend to use university funds for this travel?

Yes

No

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Please elaborate on the reason why you are traveling abroad.

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SELECT 'NO'

Will the traveler be taking any "tools of the trade" **purchased with Research Foundation, Stony Brook University State or Stony Brook Foundation funds**, such as laptops, cell phones, PDA's, or data storage devices?

Tools of the trade are commodities and software that are:

- Owned by the individual exporter (U.S. principal party in interest) or exporting company.
- Accompanying the individual exporter (U.S. principal party in interest), employee, or representative of the exporting company.
- Necessary and appropriate and intended for the personal and/or business use of the individual exporter (U.S. principal party in interest), employee, or representative of the company or business.
- Not for sale.
- Returned to the United States no later than 1 year from the date of export.

Yes

No

Other than previously stated, will the traveler be taking any Research Foundation, **Stony Brook University State or Stony Brook Foundation funded** items, technology, or software? (For example, technical data, drawings, specs, equipment, proprietary data, etc.)

Yes

No

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ENTER 2 EMERGENCY CONTACTS

Please enter your first emergency contact's information.

Full Name:

Relationship:

Address:

Preferred phone number:

Email address:

Please indicate restrictions, if any:

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YOUR ADVISOR WILL ENROLL YOU FOR INSURANCE

Insurance Information:

All students traveling internationally must have SUNY International Health Insurance for the duration of the study abroad and exchange program. The policy includes coverage of illnesses and accidents, with no declination for pre-existing medical problems and medical evacuation and repatriation. Students will be enrolled by their study abroad and exchange advisor and will be notified regarding coverage prior to departure.

I hereby acknowledge that I have read and understand the terms and conditions of the SUNY Insurance Policy.

Signature:

Date:

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FILL OUT THE HEATH INFORMATION SECTION

Participant Health Information:

The information provided will remain confidential. Be aware that you will be responsible for your own care, though SUNY and the organization hosting you will try to provide assistance. Please be honest with yourself and prepare accordingly. The questions that follow will guide you in preparing for your travel. Indicating that you have health concerns may allow us to assist you in determining if you are prepared to go and can receive appropriate treatment.

1. Do you have or have you had any physical, psychological or emotional conditions (including eating disorders), that might require treatment internationally, or that might be exacerbated by the stress caused by changes in culture, climate, diet or exercise?

If yes, explain below and plan to see your health care provider to discuss your care.

Yes

No

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2. Have you arranged to receive all the necessary immunizations and medications recommended for visiting the program site by reviewing information that:

- may have been provided by SUNY
- may have been provided by the program site
- is available on the US Center for Disease Control and Prevention website and
- may be available from the government of the countries you will enter

Yes

No

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3. Do you have any allergies, reactions to medications, or dietary restrictions?

If yes, consider what you may need to manage your condition or restrictions. If needed, see your health care provider for assistance in planning for your care. You may list any allergies or dietary restrictions below so we can inform international providers. However, SUNY can only inform and cannot ensure that you can be protected from exposure.

Yes

No

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4. Are you currently taking or have you recently discontinued any medications you may need while participating in an international academic program?

If yes, list medication name and purpose. Please consider how you will have access to the medication you need and consult with your physician to develop a plan for managing your condition while abroad. Depending on the medication, SUNY may request additional information.

Yes

No

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5. *(Disclosure of disabilities is optional)* Do you have a disability for which you are seeking accommodations?

If yes, provide a description of desired accommodations. Please be aware that the Americans with Disabilities Act (ADA) does not apply outside the borders of the United States. The administering campus will assist you, to the extent possible, to obtain the accommodations you may want; however, it may not be able to obtain the accommodations necessary to enable you to participate in all aspects of the international academic program.

Yes

No

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I grant the State University of New York, its employees, agents and international partners permission to share information concerning my health condition with program representatives, my family, insurance company representatives and with any physician, psychologist or counselor who treated me during the past five years or is now treating me. In situations where I am unable to give oral or written consent, I grant permission for hospitalization and treatment recommended and carried out under the supervision of a qualified physician, including administering anesthetics and performing necessary surgery at my own expense. I appoint the representative of SUNY in the host country for the program to act on my behalf in authorizing necessary medical, dental or surgical care, hospitalization or medical evacuation should this be required.

I certify that all responses made on this form are true and accurate, and that I will notify the administering campus hereafter of any relevant changes in my health that occur prior to the start of the program.

Signature:

Date:

mm/dd/yyyy

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Not everyone will be prompted to submit this form, it is dependent on your answers in this section. You will be sent an email to your stonybrook.edu email address.

Make an appointment with your health care provider:

Based on your responses, you must make an appointment with your health care provider to review your medical history and travel plans.

You will receive an email to your stonybrook.edu email address containing your response summary and a PDF of the Health Form. **You are REQUIRED to print and bring your response summary and the Health Form to your health care provider for them to sign. You can also print the downloadable PDF at the end of this e-form.**

Once complete, scan and email the signed health form to your study abroad advisor (Jeanine Guilbeault-Leite or Jennifer Green).

If you have any questions please contact:

International Academic Programs Office
Stony Brook University
E-1340 Melville Library
(631) 632-7030

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MAKE SURE YOU READ OVER THE POLICY AGREEMENT

Policy Agreement:

The Provost's Office has adopted the following policies and procedures to (i) comply with state, federal, and SUNY regulations applicable to international travel; (ii) assist members of the university community traveling internationally on sanctioned activities; and (iii) minimize potential complications related to the international experience. These policies and procedures apply to all persons who travel internationally under university auspices.

Student Responsibilities:

All students participating in a Study Abroad/Exchange Program must acknowledge that they have read and understood the following policy.

1. Consent to Release Personal Information: This authorizes the university to release the participant's information to their emergency contact to discuss personal matters, including medical issues, in the event of illness or emergency abroad.

2. Insurance Coverage: All students traveling internationally must have SUNY International Health Insurance for the duration of the study abroad and exchange program. The policy includes coverage of illnesses and accidents, with no declination for pre-existing medical problems and medical evacuation and repatriation. Students will be enrolled by their study abroad and exchange advisor and will be notified regarding coverage prior to departure.

3. Student Health Information: This section discloses health and/or disability information; grants permission to the university to contact specified person(s) in the event of illness or emergency, and authorizes the provision of medical treatment abroad under emergency conditions. If applicable, a Health Care Provider Form will be required. This form provides details regarding any existing medical, physical, or emotional conditions that may require treatment during the period of international travel.

4. SUNY Agreement and Liability Release: This waives SUNY liability and states student responsibilities while abroad. Students under the age of 18 years shall have their parent or guardian sign and provide an e-mail address below.

5. Participation Agreement: This acknowledges participation in a study abroad or exchange program.

6. Statement of Responsibility: This form discusses the policies of participating in an International Academic Program through Stony Brook University.

7. Export Controls: I understand that federal law restricts the sharing of certain technologies, software and knowledge with foreign nationals. These rules are complex and substantial penalties may be imposed for violations. Please refer to the [SBU Export Controls Information](#) to ensure that all applicable requirements are met.

8. Travel Warnings: The U.S. Department of State's Travel Warnings list can be found at [Travel.State.Gov](#). The Office of Global Affairs must approve travel to countries appearing on the State Department's current Travel Warnings list. If traveling to a warning site the [Assumption of Risk](#) form must be emailed to your Study Abroad Advisor.

International Exchange Programs: Students planning to extend their program at partner university for academic purposes shall contact IAP for permission and further instructions. Students will be required to register and resubmit this electronic form to report an extension.

Acknowledgement:

I have read and understand the policies above and agree to these terms and conditions by giving my signature below.

Signature:

Parent/Guardian's
Signature (required if
participant is under 18
years of age):

Parent/Guardian's E-
mail:

Date:

SELECT YOUR ADVISOR

Statement of Responsibility Form:

Please select your Study Abroad or Exchange Advisor.

- Jeanine Guilbeault-Leite
- Jennifer Green
- Mariam Isack

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Are you an international student on an F-1 or J-1 Visa?

- Yes
- No

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JEANINE'S RESPONSIBILITY FORM

**DO NOT FILL THE FORM OUT IN YOUR BROWSER!
DOWNLOAD THE FORM TO YOUR COMPUTER FIRST!!**

DO NOT MAKE THIS MISTAKE, ABSOLUTELY DO NOT FILL OUT THE PDF IN YOUR BROWSER IT WILL NOT SAVE WHAT YOU WROTE!

Please download the Statement of Responsibility below, complete the fill-able form and upload it to this page.

Note: DO NOT fill out the form in your browser, you must save it to your computer first.

You may come back to the Travel Policy within 15 days to upload this form in order to continue to the next page.

Download the form here:

[Statement of Responsibility Form](#)

Choose File No file chosen

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JENNIFER'S SBU AGREEMENT & RELEASE FORM

DO NOT FILL THE FORM OUT IN YOUR BROWSER!

DOWNLOAD THE FORM TO YOUR COMPUTER FIRST!!

DO NOT MAKE THIS MISTAKE, ABSOLUTELY DO NOT FILL OUT THE PDF IN YOUR BROWSER IT WILL NOT SAVE WHAT YOU WROTE!

Please download the SBU Agreement and Release Form below, complete the fill-able form and upload it to this page. Note: Do not fill out the form in your browser, you must save it to your computer first.

If you are part of the Turkana Basin Institute Program make sure you email jennifer.green@stonybrook.edu the [Assumption of Risk Form](#) as well.

You may come back to the Travel Policy within 15 days to upload this form in order to continue to the next page.

Download the form here:

[SBU Agreement and Release Form](#)

Choose File No file chosen

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SUNY Agreement and Liability Release Form:

For Participants in State University of New York Administered International Academic Activities:

To the Participant: As with all academic programs, certain conditions must be adhered to in order to preserve program integrity. As a necessary precaution to protect the State of New York and the State University of New York (hereafter collectively referred to as SUNY), these conditions are listed below. We ask that you **read carefully** and indicate with your signature that you understand them and will comply. If you are a participant under the age of 18, your parent or guardian's signature is also required.

Informed consent and agreement to these conditions is a **required condition of participation** for all SUNY-administered or arranged international academic programs, and for all SUNY credit-bearing or course related or other SUNY-sponsored or arranged international travel. If you have questions concerning this document (or any pre-departure procedures or forms), consult the orientation and other pre-departure materials supplied, or contact the Study Abroad Office at (631) 632-7030.

I have agreed to participate in an international academic program, or a credit-bearing, course related, or other SUNY-initiated overseas activity (hereafter called "the program") sponsored by Stony Brook University, either in collaboration with an international host organization or organizations, or by arrangement of a SUNY faculty member, in the county of my choosing from the expected start date to the expected end date.

I understand and hereby acknowledge that my participation in the program is wholly voluntary. In consideration of SUNY's agreement to permit me to participate in the program, by my signature below, I agree to and acknowledge the following:

A. I acknowledge that I am aware that there are risks involved in participation in a study abroad program and that I am willing to assume those risks.

By my signature below, I certify that I understand and hereby acknowledge that:

1. My participation in the program will require transportation to and habitation in another country and may involve my being subject to risks relating to travel or arising out of program activities, and
2. I have, as advised by the program's acceptance materials, reviewed the U.S. Consular Information Sheets and Travel Warnings [contained on the U.S. Department of State Consular Affairs web site] and the Travelers Health section of the Center for Disease Control's web site, and by those means, been informed of such risks. I have diligently endeavored to learn about the country or countries and specific locations within those countries I will visit so as to be aware of the health and safety risks that I may face. I hereby assume, knowingly and voluntarily, each of these risks and all of the other risks that could arise out of or occur during my travel to, from, in or around the country in which this program is located.
3. I release SUNY, its officers, trustees, employees, and agents from any and all liability, damage or claim of any nature arising out of, or in any way related to my participation in this program, the transportation, or health care that may be provided, or in any independent activities that I may undertake during my participation. I understand that this means that I cannot hold SUNY legally responsible, even if its negligence contributes to any injuries or damages that I may suffer.

B. I acknowledge that I have appropriate insurance coverage, will be prepared to pay expenses not covered by insurance, and will disclose pre-existing health issues, and will ascertain the need for and obtain necessary vaccinations and recommended medications.

By my signature below, I certify that I understand and hereby acknowledge that:

1. SUNY requires that all participants participating in an international academic program be covered by appropriate accident and medical insurance and that the participants be financially responsible for such expenses. SUNY may require the purchase of a health insurance policy specifically approved by SUNY as a

9. As advised by the program's acceptance materials, or the Travelers Health section of the Center for Disease Control's internet page, or my doctor I have ascertained the recommended vaccinations and medications for the area I will be traveling to and I am solely responsible for securing any necessary immunizations prior to departure and for obtaining recommended or required medications needed while abroad.

C. I absolve and release SUNY from liability for things and events that arise out of, result from, occur during, or are connected in any manner with my participation in the program and/or any travel incident thereto.

By my signature below, I certify that:

1. I, individually, and on behalf of my heirs, successors, assigns, and personal representatives, hereby agree to indemnify, defend, hold harmless, release and forever discharge SUNY and its employees, agents, officers, trustees, and representatives (in their official and individual capacities) from any and all liability whatsoever for any and all damages, losses or injuries (including death) I sustain to my person or property or both.
2. I understand and acknowledge that SUNY in no way represents or acts as an agent for transportation carriers, hotels, and other suppliers of services connected with this program and SUNY assumes no responsibility or liability, in whole or in part, for any problems, delays, or damages caused by such parties or events beyond SUNY's control, such as weather, criminal activity, or civil unrest.
3. I understand and acknowledge that in the event that I become detached from a trip group, fail to meet a departure bus, airplane or train, or become sick or injured, I will bear all responsibility to seek out, contact and connect with the group at its next available destination; and that I shall bear all costs involved in contacting and reaching the trip group at its next available destination.
4. I understand and acknowledge that if, due to weather, flight schedules, or other uncontrollable factors, I am required to spend additional nights, SUNY will not be responsible for my hotel, transfers, meal costs, or other expenses; and
5. I understand and acknowledge that my baggage and personal property are transported at my risk entirely and, as noted above, SUNY also recommends that participants in overseas academic programs insure their property from loss and theft.
6. I release SUNY, its officers, agents, and employees from any and all liability, damage or claim of any nature whatsoever arising out of, or in any way related to my participation in this program, including but not limited to the medical authorization given to SUNY, acts of God, acts or omissions of any third parties (including but not limited to common carriers, hotels, restaurants, host families, or international organizations, or other firms or agencies); and
7. I indemnify and hold harmless SUNY, its officers, agents, and employees from any damage or liability incurred as a result of any illness I may suffer, including the costs of any medical care, or any injury or damage to the person or property of others which I may cause, or from any financial liability or obligation which I may personally incur, while participating in the program.
8. I understand and acknowledge that it is my responsibility to determine and meet prerequisites for classes I hope to take in the program and I understand and acknowledge that SUNY cannot guarantee me placement in classes at an international institution and indemnify and hold SUNY, its officers, agents, and employees harmless from any damage or liability incurred due to the inability to enroll in or cancellation of, or my failure to complete with a satisfactory grade a class at an overseas institution.

D. I acknowledge that I am aware that SUNY has the right to make changes to the program.

By my signature below, I certify that I understand that:

1. SUNY reserves the right to make changes to the program at any time and for any reason, with or without notice, and that SUNY shall not be liable for any loss whatsoever to me by reason of any such change;
2. SUNY reserves the right to substitute hotels, accommodations or housing at any time. Specific room and housing assignments and types of housing assigned when arrangements are made by SUNY are within the sole discretion of SUNY;
3. SUNY reserves the right, at its sole discretion, to cancel the program or any aspect thereof prior to departure; and, at SUNY's sole discretion, to cancel the program or any aspect thereof after departure, requiring that all participants return to the United States. In the event that a program is cancelled after the start of the program, SUNY will refund only uncommitted and recoverable funds.

E. I acknowledge that I am responsible for my conduct during the period of my participation in this program, am responsible for following through on acceptance and post participation procedures, and am responsible for paying for the program and any related or unrelated costs I may incur.

By my signature below, I certify that:

1. In regard to my conduct while a participant in this study abroad program I understand that:
 - a. All participants in the program are subject to the home institution's regulations and guidelines (including but not limited to those contained in other orientation materials), SUNY and my home SUNY campus's code of conduct, the host University's regulations and guidelines, as well as the laws of the host country. I agree to obey those rules, guidelines, regulations, codes, policies and laws.
 - b. SUNY reserves the right to decline to accept or retain me in the program at any time should my actions or general behavior impede the operation of the program or the rights or welfare of any person. Similarly, if my conduct violates any policy or procedure of SUNY or the laws of the host institution or host country, I understand that I may be required to leave the program at the sole discretion of SUNY's employees, agents and representatives, and I may be referred to the appropriate SUNY officials for further disciplinary or other action. In such an event, no refund will be made for any unused portion of the program and I will return to the United States at my own expense. Further, I understand that I am responsible for any expenses that others may incur due to my actions.
 - c. SUNY is not responsible for the defense of a participant accused of a violation of the laws of the host country or rules of the host institution or organization and is not responsible for the payment of any fines or other penalties resulting from such violations. I agree to be responsible for any damage or liability incurred as a result of any illness or accident I may suffer, including the costs of any medical care not covered by insurance, or any injury or damage to any person or property of others which I may cause, or for any financial liability or obligation which I may personally incur, while participating in the program.
2. As a participant in this study abroad program, I pledge to conduct myself in a manner that reflects favorably on my home campus, on SUNY, the State of New York, the United States of America, and myself.
3. I understand and acknowledge that the manufacture, distribution, possession, use or sale of controlled substances as defined by New York State and/or U.S. Federal Law, and/or the laws of the host country is prohibited during study abroad. I understand that I will be directly subject to the laws and legal procedures of the host country and host organization as applied to the use, possession and distribution of illegal drugs, and these will be strictly enforced by local authorities.

F. I give permission for photographs of me and statements by me to be used in publicity materials.

I give my consent for SUNY, the overseas institution I attend, and agencies, organizations, and individuals cooperating with SUNY in the administration of the program to use images of me or written statements from me in promotional and informational materials. I hereby irrevocably authorize SUNY to copy, publish, exhibit or distribute in any legal manner, any and all images, videos, audio recordings and electronic or digital recordings in which my likeness appears. I further waive any right to inspect or approve any advertisement, publication or information piece in which my likeness appears.

I hold SUNY harmless and release and discharge SUNY, its employees and agents, from any claims, demands, or causes of action which I, my heirs, representatives, executors, administrators or other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

G. I authorize the release of my participant, health, and insurance records as described below.

According to the provisions of Public Law 93-380 (20 USC 1232g-Family Educational Rights and Privacy Act of 1974) and laws concerning the use of medical records commonly referred to as HIPPA, and in connection with my participation in the overseas program indicated above, I hereby authorize the Study Abroad Office and its officers, agents, and employees, the Office of the Registrar, the Office of Financial Aid, the Office of Judicial Affairs, or any other office of SUNY, representatives of my home campus, representatives of my insurance providers, medical staff in whose care I may be, the staff of the organization or institution I am attending overseas, to communicate with each other and with my parents or guardian or others whose names I provided in my application or on my Emergency Contact list and provide to them or receive from them any academic, medical, or financial information deemed appropriate to assist with health care, to ensure continuation of enrollment at my home university, or enrollment in insurance (e.g. enrollment verification or other similar documents) or for any other purpose deemed appropriate to ensure my health and safety in, facilitate financing my participation in, and ensure the receipt of academic credit for my program, including the release of an academic transcript to my home campus upon program completion to an address I provide.

I understand that copies of the medical and academic records submitted as part of my application or acceptance procedures may be provided to the overseas program staff or the overseas institution that I will attend and, though we request that all records be kept in the strictest confidence, once sent, these records will be subject to the laws of the country they reside in. I waive any requirement that I be furnished a copy of these records prior to or concurrent with their release.

This Agreement/Release Form remains effective until my relationship with SUNY is terminated, judicial actions resolved, financial accounts are settled, and grades recorded, with the exception of Section F, which remains in force until rescinded in writing for specific images or quotes.

I agree that the terms of this Agreement/Release Form are to be construed under the laws of the State of New York, and that if any portion thereof is held invalid, the balance thereof shall, notwithstanding, continue in full legal force and effect. In signing this document I hereby acknowledge that I have read this entire document, that I understand its terms, that by signing it I am giving up legal rights I might otherwise have, and that I have signed it knowingly and voluntarily.

I hereby acknowledge that I have read, understand, and will abide by each of the terms and conditions of this Agreement/Release Form and terms of participation.

Signature:

Date:

COMPLETE THE PARTICIPATION AGREEMENT

Participation Agreement:

Do you wish to participate in Stony Brook University's Study Abroad/Exchange Program?

- Yes
 No

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Do you allow us to release your name and email address to other participants in the program?

- Yes
 No

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I understand that I must attend orientation and that I am responsible for all information provided.

I have read and fully understand all policies and agree to adhere to all guidelines.

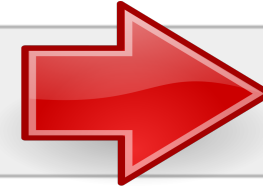
Signature:

Date:

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Thank you for your response. Please download and print the PDF document for your records.

Below is a summary of your responses



[Download PDF](#)

SAVE/PRINT THE PDF VERSION FOR YOUR RECORDS

**YOU WILL RECEIVE AN EMAIL CONFIRMATION FROM
NOREPLY@QEMAILSERVER.COM**

ANY QUESTIONS?

EMAIL YOUR STUDY ABROAD ADVISOR