

# International Travel Form

For university faculty and staff traveling in support of university related activities or business. Please complete and submit this questionnaire to your campus export control contact as far in advance as possible, but no later than fifteen (15) business days before departure.

Traveler's Name:

Departure Date:

Return Date:

Department:

Assistant's Name:

Phone Number:

Email:

List all destination country(ies):

Subject matter of Presentation, Meeting, Conference, Course or Research. Please be specific:

List the funding source for this travel:

Purpose for Travel - Check all that apply:

Foreign Entity Collaboration: Yes / No

**If yes, list:**

Conducting Research: Yes / No

Attending a Meeting or Conference: Yes / No

Teaching a course in the destination country(ies): Yes / No

Presenting at a Meeting or Conference: Yes / No

**If yes, is the work published? Yes / No**

**Campus Export Control point of contact should run *denied party list screen(s)* using Visual Compliance on each individual and each organization you will be working with in the destination country(ies). **Keep** the search results of the *denied party list screen(s)* for five years from the last date of the travel activity.**

Will you be taking a university owned laptop, cell phone, GPS, flash drive or any other electronic device?

\*Yes / No

**\*If yes**, and you are returning to the US with these items *within twelve (12) months of departure*, please complete the **TMP License Exception Certification**, email a copy to your campus export control contact and the System Export Control Officer and **keep a copy with you during travel**.

**\*If yes**, and you will be outside the US *for longer than twelve (12) months* from departure, please contact your campus export control contact or the System Export Control Officer for guidance.

Will you be taking lab equipment or technical data with you to the destination country(ies)?

\*\*Yes / No

**\*\*If yes**, please list below and contact your campus export control contact to use Visual Compliance to determine if the items are *controlled for export* and email the determination documentation to the System Export Control Officer. If the campus export control contact needs assistance using Visual Compliance, please email the System Export Control Officer.

Will you be taking any of the following with you to the destination country(ies)? Yes / No

**If yes**, indicate all that apply:

Controlled Toxins: Yes / No

Genetic element(s) of a toxin: Yes / No

Select Agents: Yes / No

Controlled Chemicals/Chemical Compounds: Yes / No

**\*\*If yes**, please list the name(s) of the item(s), equipment, and/or type of data: Please list name(s) and description(s) of the items checked above:

Traveler's Signature:

Date: