**Individual Traveler Planning Checklist and Documentation**

**Name Class year**

**E-mail: Cell phone while abroad:**

|  |  |  |  |
| --- | --- | --- | --- |
| **✔** | **Checklist steps** | **Notes/Comments** | **Office notes** |
| **Travel Approval** | |  |  |
| 🗖 | I have read and understand the **Short-term International Travel Policy**. |  |  |
| 🗖 | I have received **Travel Approval** from the appropriate office and have submitted or will submit all required paperwork to that office. | Name of sponsoring office: |  |
| 🗖 | I have completed the Five College **Travel Waiver**. |  |  |
| 🗖 | My travel does not include any hazardous activities or I have consulted with the appropriate offices regarding my hazardous activities. | List any hazardous activities and office that approved them: |  |
|  | | | |
| **Destination Information** | |  |  |
| 🗖 | I have reviewed country specific information from the **U.S. State Department** and determined what local health and safety issues need to be addressed. | Relevant health and safety concerns: |  |
| 🗖 | I have read and understand the Smith College **Travel Warning Policy** | Is your destination under a travel warning? If so, you must submit an additional waiver to your sponsoring office. |  |
| 🗖 | I have registered with the **Smart Traveler Enrollment Program** (STEP). (U.S. citizens only) |  |  |
| 🗖 | I have checked the **Centers for Disease Control** and/or **World Health Organization** for any critical medical or health concerns at my destinations and incorporated this in pre-departure medical and health planning: **check on required vaccinations and restrictions on import of pharmaceutical prescriptions** | Relevant restricted prescriptions: |  |
|  |  |  |  |
| **Pre-departure** | |  |  |
| 🗖 | I have a current passport valid for at least 6 months beyond the end of my trip |  |  |
| 🗖 | I have determined whether or not I need a visa and applied for one if required | Will you need a visa? If so, what type? |  |
| 🗖 | I have verified that my primary health insurance will cover me while abroad, or if not, have obtained international travel insurance | Please indicate your insurance policy name/s: |  |
| **Itinerary and Emergency Contact Information** | |  |  |
| 🗖 | I have completed the Itinerary and Contact Information form on the following page. |  |  |
| 🗖 | I have completed the Travel Registry at https://smith-horizons.symplicity.com/ |  |  |

**Travel Itinerary and Emergency Contact Information**

Name Smith 99#

Citizenship Passport #

Emergency Contact (in case you need help or assistance while abroad):

Name of contact: Relationship to you:

Emergency contact email: Emergency contact phone:

Detailed Itinerary (additional info as attachment as needed)

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Location | Transportation mode/details | Accommodations in known:  Housing/hotel:  Contact info: |
|  |  |  | Housing/hotel:  Contact info: |
|  |  |  | Housing/hotel:  Contact info: |
|  |  |  | Housing/hotel:  Contact info: |
|  |  |  | Housing/hotel:  Contact info: |
|  |  |  |  |