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Please email this complete registration form, no later than **4 WEEKS** prior to departure, to [internationaltravel@uvu.edu](mailto:internationaltravel@uvu.edu)

with the **subject line:** STAR form**-**

*Student Name- Name of Destinations(s)*

**STUDENT TRAVEL ABROAD**

**REGISTRATION FORM** (STAR form)

**FILL OUT THIS FORM IF:** You are a UVU student and you plan to travel overseas on bona-fide university business. There is a [registration fee](https://ais-linux6.uvu.edu/itop/prod/webpay_travel.php) that will need to pay, you will use the **email confirmation number** from that payment on this form.

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| **FOR EASY EDITING USE THE TAB KEY.**  **A. REGISTRATION FEE**  [**Payment**](https://ais-linux6.uvu.edu/itop/prod/webpay_travel.php) **confirmation number:** Enter text  **B. TRAVELER**  **1. Full Name:** Enter text  (As is appears on your passport)  **2. UVID:** Enter text  **3. Date of birth:** Enter text  **4. Address:** Enter text  **5. City:** Enter text  **6. Zip Code:** Enter text  **7. Mobile/Cell Phone:** Enter text  **8. Email:** Enter text **9. Gender:** Enter text  **10. Race/Ethnicity:** Enter text  **11. Year in school:** Enter text  **C. TRAVEL**  **1. What is the reason for travel?** Enter text  **2. Dates of UVU-related travel:** Enter text  **NOTE**: *Insurance coverage will be based on the dates provided.*  **NOTE:** *Personal travel and/or vacation time should not be included on this form. Please visit* [*https://www.geobluetravelinsurance.com*](https://www.geobluetravelinsurance.com) *if you wish to purchase supplemental insurance coverage.*  **3. Destination(s) (city, country):** Enter text  **4. Are any of the above destinations currently under US Department of State** [**Travel Advisory Levels 3 or 4**](https://travel.state.gov/content/passports/en/alertswarnings.html)**,or** [**CDC Warning Level 3**](https://wwwnc.cdc.gov/travel/notices)**?**  **No**  **Yes**  *If yes, an* [*Exemption Request for Travel*](https://www.uvu.edu/global/docs/faculty/exemption_request_for_travel.pdf) *form must be submitted with this registration form.* | **5. Will you earn academic credit for your time/work abroad? No**  **Yes**  If yes, which institution is awarding the credit?  **UVU**  **Other institution,** *please specify:*Enter text  If yes, for which classes will you receive credit?  Enter text  **If non-UVU credit will be earned, an *International Transfer Credit Preapproval form* must be submitted with this form as well.** (See the Office for Global Engagement in LA 111h to get a copy of the form).  **D. ON-SITE INSTITUTION/ORGANIZATION****Please list the contact information for any organization/individual with whom you are working with while you are overseas.**  **1. Name:** Enter text  **2. Address:** Enter text  **3. Phone:** Enter text  **4. Contact name:** Enter text  **5. Contact email:** Enter text  **6. Contact phone:** Enter text  **E. OVERSEAS CONTACT INFORMATION**  **How will the University contact you in the event of an emergency?**  Enter text  **F. EMERGENCY CONTACT**  **Who should the university contact in the event of an emergency?** *United States-based contact only.*  **1. Name:** Enter text  **2. Relationship:** Enter text  **3. Mobile/Cell Phone:** Enter text  **4. Email:** Enter text |

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| **G. PASSPORT & VISA**  **NOTE:** *If you are an F1 visa holder, you must have an updated I-20 in order to return to the United States. Please visit International Student Services (LA 114) for help with the I-20.*  **1. Country of citizenship:** Enter text  **2. Do you have a valid passport?**  **Yes**  **No**  **IF YES,**  **issuing country of passport:** Enter text  **passport number:** Enter text  **expiration date:** Enter text  **IF NO,** please visit [travel.state.gov/content/travel/en/passports.html](mailto:https://travel.state.gov/content/travel/en/passports.html)  for information on how to apply for one.  Routine passport processing takes 4-6 weeks. | **3.****Does the country(ies) you are traveling to require an** [**entry visa**](https://travel.state.gov/content/passports/en/country.html)**?**  **Yes,** and I understand that I am responsible to ensure that I obtain the correct visa(s) in order to legally enter the country(ies).  **No**  **NOTE:** *All international travelers must ensure that all necessary passport and visa arrangements have been completed prior to the proposed travel date.*  **NOTE:** *Passports must be valid for at least six months beyond your planned date of return to the United States.* |

**H. FINANCING**

**Please indicate if the expenses of this travel are paid in full or in part by university funding, including grants, contracts, cooperative agreements, scholarships, departmental support, etc. Also indicate if this travel receives external funding. Please indicate the amounts.**

Enter text

**I. CODE OF CONDUCT**

*The University expects all students to maintain integrity and high standards of individual honesty in academic work, to obey the law, and to show respect for others.*

The Student Rights and Responsibilities Code *applies to conduct that occurs on university premises and at university-sponsored activities. It also applies to off-campus conduct that adversely affects the campus community and/or the pursuit of its objectives.*

All students who wish to participate in UVU-sponsored international programs/activities must be in good student conduct (disciplinary) standing with the University, and which must be verified by the Office of Student Conduct.

By completing the following section and submitting this form, a student is consenting to the release of conduct history information by the Office of Student Conduct. Any information obtained will remain confidential to the Office for Global Engagement.

While prior disciplinary history does not necessarily preclude a student’s participation, this information is taken into consideration during application review. An evaluation to determine a student’s eligibility will take place for students who have previously been on probation, suspension, or otherwise sanctioned for violations. Recognizing that a student’s status can change from the completion of this form until the time of departure, it is your responsibility to update our office immediately if you have new violations or changes in your disciplinary status after submitting this form.

**Please check the sentence that applies to you:**

**NOTE:** *Do not include academic probation.*

I have not been the subject of disciplinary action at UVU

I have been the subject of disciplinary action at UVU; however, I am currently **in** good standing with the university.

I have been the subject of disciplinary action at UVU and I am currently **not** in good standing with the university.

Other, *please explain*: Enter text

## J. STUDENT TERMS & AGREEMENT

## FAILURE TO COMPLY WITH THESE REQUIREMENTS MAY RESULT IN PROGRAM REMOVAL

## As a UVU student registering for and entering into a UVU-sponsored international experience, I agree to the following:

* Adhere to the [UVU Code of Conduct](https://www.uvu.edu/studentconduct/students.html)
* Comply with the [University’s travel policies](http://www.uvu.edu/policies/manual.html) 251 & 252 & Export Control policy 142
* Enroll in UVU’s approved international insurance plan
* Report serious problems, including safety and personnel problems, to the p r o g r a m director (if applicable)

- If applicable, work conscientiously under the direction of the program director, submitting all reports and assignments as required

**I understand that, upon travel clearance from GEO, the following requirements for participation must be completed PRIOR to departure:**

* Complete [online safety training](https://www.uvu.edu/global/faculty/predeptrain.html)
* Sign & submit the [Assumption of Risk & Release form](https://www.uvu.edu/global/electronic_forms/aor2016.html)
* Enroll in [international health insurance](https://www.uvu.edu/global/faculty/intmedins.html)
* Email a copy of the biographic page of your passport to [internationaltravel@uvu.edu](mailto:international@uvu.edu)
* Completion & clearance of Export Control, if applicable
* Exemption Request for travel approval, & high risk travel waiver form, if applicable

*I certify that the information in this registration form is accurate and that I have read and agree to the terms above.*

## Student Signature

## Student Name: Enter text

## Date: Enter text

**OFFICE USE ONLY**

**Reviewed by:**

**Date:**

**Cleared for travel?**

**For accessibility information or to request accommodations,**

**please contact the Accessibility Services Department**

**at (801) 863-8747 or**[**accessibilityservices@uvu.edu**](mailto:accessibilityservices@uvu.edu)**.**