

**INTERNATIONAL TRAVEL AUTHORIZATION FORM  
(FACULTY AND STAFF)  
(For Restricted Travel Only)**

Complete the International Travel Authorization form and submit it to the Provost, Dean MSOM, UHealth CEO, EVP & COO or their designee for approval prior to departure. Once approved, faculty/staff must register their travel plans with International SOS.

PERSONAL INFORMATION	
Name of Traveler/Employee:	
Department Name:	Office Phone Number:

TRAVEL INFORMATION	
Travel Destination(s):	
Departure Date (from US):	
Arrival Date (to US):	
Traveling by (please check one):      Air _____      Sea _____	
<i>(Transportation details will be requested during International SOS registration)</i>	
Purpose of Travel (please be as specific as possible)	

_____ Print Name of Traveler	_____ Signature of Traveler
Date _____	
_____ Print Name of VP/Dean/Designee	_____ Signature of VP/Dean/Designee
Date _____	

<b>Provost/Dean MSOM /UHealth CEO, EVP &amp; COO or designee APPROVAL</b>	
Signature: _____	Date: _____
Print Name: _____	