

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

**Instructions:**

1. Complete the International Travel Authorization Form at least two weeks prior to departure.
2. Obtain signature from Vice President, Dean or Designee.
3. Travel Authorization for the Academy are submitted to the Office of Study Abroad at [studyabroad@miami.edu](mailto:studyabroad@miami.edu).
4. Travel Authorization for MSOM/UHealth are submitted to [MSOMFacultyTravelRequests@med.miami.edu](mailto:MSOMFacultyTravelRequests@med.miami.edu).
5. The Assistant Dean and Director of Study Abroad and/or Faculty Affairs, as the delegate for the Dean and Chief Academic Officer for MSOM will in consultation with Risk Management, review the request and provide the recommendation for travel.
6. Travelers booking their trip outside of the [University of Miami Travel Portal](#), must register their travel information along with any travel changes prior to and/or during with [International SOS](#).

PERSONAL INFORMATION	
<b>Name of Traveler/Employee:</b>	<b>Employee Email:</b>
<b>Department Name:</b>	<b>Office Phone Number:</b>

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

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

Provost or designee APPROVAL	
_____ Print Name	_____ Signature
Date: _____	