

## International Travel Registration Form (ITRF) for Non-Qatar Travel

This form is used to gather information about individuals traveling for CMU business purposes. ITRF provides pertinent information for Risk Management and Human Resources regarding each traveler's relationship with the university to ensure that insurance benefits and coverage are in place for faculty, staff, and students traveling abroad.

If you are traveling internationally on university business, you should complete this form and return it to [HR Services](#) prior to your international travel.

### 1. Traveler Information:

Full Name (as it appears on passport): \_\_\_\_\_

Scanned passport image attached:      Yes               No               —required to obtain entry Visa

Gender (**required**):                      Male               Female

Date of birth (**required**):

Purpose of travel (**please be specific and outline CMU business purpose**):

### 2. Traveler contact info:

Department: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Work: \_\_\_\_\_

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

### Emergency contact info:

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Work: \_\_\_\_\_

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

### Sponsor contact info:

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Department: \_\_\_\_\_

Admin. Asst: \_\_\_\_\_

Admin. Asst. Email: \_\_\_\_\_

### 3. University Affiliation: Check One

Faculty      Staff      Student

Independent Consultant

Teaching or Course Asst.

Family Member

Invited Guest

### Purpose of Visit: please check all that apply:

CMU Business Travel

Expatriate Assignment

Conference/Event

Pre-Employment Trip

Other (please describe):

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## 4. Destination Information:

Please provide a description of all flight destinations (original departure city and final arrival city) and dates of travel. If portions of your travel are not for CMU business purposes but rather for personal pleasure, you may not be covered by the Aetna Global Benefits plan during that portion of your trip. You may, however, be eligible for coverage service through your domestic health insurance, and you should check with your provider.

### Example:

Date of Departure: Jan 1,2012

Departure City: Pittsburgh, PA

Date of Arrival: Jan 3,2012

Arrival City: Adelaide, South Australia

Flight segment purpose: Traveling to CMU Australia to for business meetings

Date of Departure: \_\_\_\_\_ Departure City: \_\_\_\_\_

Date of Arrival: \_\_\_\_\_ Arrival City: \_\_\_\_\_

Flight segment purpose: \_\_\_\_\_

Date of Departure: \_\_\_\_\_ Departure City: \_\_\_\_\_

Date of Arrival: \_\_\_\_\_ Arrival City: \_\_\_\_\_

Flight segment purpose: \_\_\_\_\_

Date of Departure: \_\_\_\_\_ Departure City: \_\_\_\_\_

Date of Arrival: \_\_\_\_\_ Arrival City: \_\_\_\_\_

Flight segment purpose: \_\_\_\_\_

Date of Departure: \_\_\_\_\_ Departure City: \_\_\_\_\_

Date of Arrival: \_\_\_\_\_ Arrival City: \_\_\_\_\_

Flight segment purpose: \_\_\_\_\_

Date of Departure: \_\_\_\_\_ Departure City: \_\_\_\_\_

Date of Arrival: \_\_\_\_\_ Arrival City: \_\_\_\_\_

Flight segment purpose: \_\_\_\_\_

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**5. Additional Information/Comments:**

Please feel free to add any additional information/comments regarding your travel plans.

**Traveler's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Providing information related to your non-CMU business travel is purely voluntary. However, should you need emergency assistance during your travel, this information could be helpful in facilitating the university's response to requests for assistance.