

Auburn University Montgomery Office of the Provost
REQUEST FOR AUTHORITY TO TRAVEL OUTSIDE THE 50 UNITED STATES (RAT50)

Traveler's Name: Student Number:

Purpose of Travel:

Name of the Study Abroad Program You Participate:

AU EMERGENCY EVACUATION INSURANCE ENROLLMENT INFO:

Date of Birth Gender You Are:

College: Major:

AUM Email: Cell Phone: Home Phone:

CHECK if attaching DEPENDENT ENROLLMENT FORM

Trip Departure Date Trip Return Date

AUM Study Abroad Destination(s):

	<u>City and Country</u>	<u>Arrival Date</u>	<u>Departure Date</u>	<u># of Days</u>
1.				
2.				
3.				

TOTAL Days of Travel: (Add day(s) needed to arrive at first destination, days in each destination listed above and day(s) needed to arrive back in US):

CHECK your destination country, if it is on the US Dept. of State "Warning Country", complete the AU Warning Country Travel Release form Travel Warning document LINK: http://travel.state.gov/travel/cis_pa_tw/tw/tw_1764.html and attach.

REGISTER your trip with the US Dept of State LINK: <https://travelregistration.state.gov/ibrs/ui/> or if you are not a U.S. citizen, register with your own county's consular services.

LEAVE a copy of passport with department OR list information below: (Needed in case of emergency evacuation)

Passport--Country of issue Number: Expiration date:

Funding Sources for Travel:

***Emergency evacuation insurance payment (F and J Scholars now included in AU Emergency Evacuation Plan):

Type	FOAP#	Amount \$	
AUM Funding 1	<input type="text"/>	<input type="text"/>	(\$2 x TOTAL Days of Travel)
AUM Funding 2	<input type="text"/>	<input type="text"/>	
Other sources:	<input type="text"/>	<input type="text"/>	
Self/Personal funds:	<input type="text"/>	<input type="text"/>	Total Cost <input type="text"/>

Emergency Contact Information:

Name	Relation to Traveler	Cell Phone	Home Phone	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SIGNATURES: (Sign and Date)

Traveler _____ Dept. Head _____

Dean/Director _____ Provost _____

DEPENDENT ENROLLMENT FORM FOR AU EMERGENCY EVACUATION INSURANCE:

Dependents listed below will be accompanying the AUM Traveler submitting a RAT50.

Info on AUM Traveler submitting a RAT50:

Name: Student Number:
Date of Birth Gender AUM Email:

DEPENDENT #1: Name: Relation to AUM Traveler:

Date of Birth Gender

Check if travel dates SAME as AUM Traveler on RAT50 ATTACHED, if NOT, complete chart below:

AUM Study Abroad Destination(s):

	<u>City and Country</u>	<u>Arrival Date</u>	<u>Departure Date</u>	<u># of Days</u>
1.				
2.				
3.				
4.				

TOTAL Days of Travel: (Add day(s) needed to arrive at first destination, days in each destination listed above and day(s) needed to arrive back in US):

LEAVE a copy of passport with department OR list information below: *(Needed in case of emergency evacuation)*

Passport - Country of issue: Number: Expiration date:

DEPENDENT #2: Name: Relation to AUM Traveler:

Date of Birth Gender

Check if travel dates SAME as AUM Traveler on RAT50 ATTACHED, if NOT, complete chart below:

AUM Study Abroad Destination(s):

	<u>City and Country</u>	<u>Arrival Date</u>	<u>Departure Date</u>	<u># of Days</u>
1.				
2.				
3.				
4.				

TOTAL Days of Travel: (Add day(s) needed to arrive at first destination, days in each destination listed above and day(s) needed to arrive back in US):

LEAVE a copy of passport with department OR list information below: *(Needed in case of emergency evacuation)*

Passport - Country of issue: Number: Expiration date:

DEPENDENT #3: Name: Relation to AUM Traveler:

Date of Birth Gender

Check if travel dates SAME as AUM Traveler on RAT50 ATTACHED, if NOT, complete chart below:

AUM Study Abroad Destination(s):

	<u>City and Country</u>	<u>Arrival Date</u>	<u>Departure Date</u>	<u># of Days</u>
1.				
2.				
3.				
4.				

TOTAL Days of Travel: (Add day(s) needed to arrive at first destination, days in each destination listed above and day(s) needed to arrive back in US):

LEAVE a copy of passport with department OR list information below: *(Needed in case of emergency evacuation)*

PLEASE ATTACH ONE CHECK MADE OUT TO "AUM Study Abroad" FOR PAYMENT FOR ALL DEPENDENTS. Calculation: \$2 times "TOTAL DAYS of TRAVEL" equals \$ AMOUNT for all dependents listed.

Amount of check attached \$ Note: enrollment not valid without check.