

# INTERNATIONAL EXTERNSHIP PROGRAM REQUEST FOR TRAVEL APPROVAL

*Please fill out this form completely in black or blue pen.*

## I. ITINERARY AND DESCRIPTION OF PROGRAM

### **Program Description:**

Students participating in the international externship program receive academic credit for unpaid legal work at an organization/agency ("field placement"), under the supervision of an attorney. Throughout the course of the semester, students are supervised by WCL faculty via internet/email/telephone. Prior to departure, students participate in a three-day seminar that will include an orientation component that adheres to the University Travel and Safety Guidelines.

Attached is a Program Description and Itinerary for \_\_\_\_\_, who seeks approval to participate in an international externship.

### **Requesting University approval for International Externships**

All foreign travel involving students must be approved by the Washington College of Law Dean and American University Provost. Please fill out the attached form below, and return it to the Externship Office. Your form, along with a program description and a copy of the country's risk assessment, will be submitted to the Office of the Dean, and forwarded to the Office of the Provost. ***You will not be permitted to receive academic credit for an international externship unless you have received approval for international travel from the University.***

If the travel is approved, information will be forwarded to AU's Vice President for insurance coverage.

**INTERNATIONAL EXTERNSHIP PROGRAM  
REQUEST FOR TRAVEL APPROVAL**

\_\_\_\_\_, \_\_\_\_\_ will be working at  
(Name) (AU ID #)

\_\_\_\_\_ in \_\_\_\_\_  
(Field Placement) (City, Country)

from \_\_\_\_\_ to \_\_\_\_\_.  
Mo/Day/Year Mo/Day/Year

See attached forms for Field Placement and Accommodations contact information.

**Itinerary** (specific flight itinerary and/or flight print-outs, **MUST** be attached):

\_\_\_\_\_ will be:  
(Name)

departing from \_\_\_\_\_ on \_\_\_\_\_ .  
City/Country Date

returning from \_\_\_\_\_ on \_\_\_\_\_ .  
City/Country Date

**II. COMMUNICATION PLAN**

Upon arrival, the student will contact the U.S. Embassy or Consulate to register his/her presence in the country and obtain up-to-date security information.

Embassy/consulate address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

In addition, the student will verify his/her safe arrival by contacting Externship Program office. At the start of the semester, the student will contact the WCL faculty member

teaching the long distance externship seminar and will remain in regular contact with the professor via email and Internet classroom throughout the semester.

Professor: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### III. CONTINGENCY PLAN

The student will contact the nearest US embassy or consulate upon arrival, and will therefore be on the list of those who will be contacted in cases of changes in the security situation. In the event of an emergency or security concern, the student agrees to contact:

- 1) The American Embassy/Consular listed above; and
- 2) The Externship Program Director or Program Coordinator via phone or email:

**Avis L. Sanders, Director**  
**Bertha M. Astorga, Program Coordinator**  
4801 Massachusetts Ave., NW  
Washington, DC 20016  
externship@wcl.american.edu  
Phone: 202.274.4200 [leave message if after hours]  
Fax: 202.730.4591  
Office hours: Mon.-Thur. 9:00-5:30pm; Fridays 9:00-3:00pm

In case of emergency/security situation, the student plans to reach a safe destination through the following means: (Please list nearby countries to which you could evacuate in case of emergency, and the means by which you could most easily reach those locations). *This information is required.*

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### IV. COUNTRY RISK ASSESSMENT REPORT

See attached.

**Externship Placement Information**

Organization: \_\_\_\_\_

Branch: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Organization main phone number \_\_\_\_\_

Field Supervisor Name \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Student working from \_\_\_\_\_ to \_\_\_\_\_.  
**(date)** **(date)**

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Accommodations during externship:

Address (including name of family/institution, hotel, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone # \_\_\_\_\_

E-mail \_\_\_\_\_

Other contact information: \_\_\_\_\_

\_\_\_\_\_

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**Itinerary (students: please complete and/or attach relevant flight print-outs):**

This information is required for consideration of your request for approval.

Departure information (leaving USA):

From (city/country): \_\_\_\_\_

Date/Time: \_\_\_\_\_

Airline/Flight # \_\_\_\_\_

To (city/country): \_\_\_\_\_

Date/time: \_\_\_\_\_

Airline/Flight # \_\_\_\_\_

To (city/country): \_\_\_\_\_

Date/time: \_\_\_\_\_

Airline/Flight # \_\_\_\_\_

Arrival information (returning to USA)

From (city/country): \_\_\_\_\_

Date/Time: \_\_\_\_\_

Airline/Flight # \_\_\_\_\_

To (city/country): \_\_\_\_\_

Date/time: \_\_\_\_\_

Airline/Flight # \_\_\_\_\_

To (city/country): \_\_\_\_\_

Date/time: \_\_\_\_\_

Airline/Flight # \_\_\_\_\_

Additional travel plans:

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