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.
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______________________________________,   ______________ 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.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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)

Accommodations during externship:

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

_________________________________________________________
_________________________________________________________
_________________________________________________________
_________________________________________________________

Phone # ________________________
E-mail ________________________

Other contact information: ____________________________________

__________________________________________________________
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:
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________