



**Auburn University Request for Authorization to Travel Outside the 50 United States (RAT-50)
Instructions and Global Gateway Program Information (v. 8/12/2006)**

RAT-50 INSTRUCTIONS: Effective 8/16/2006 – there will be a \$40 per trip emergency assistance insurance program charge. The charge will be made to a departmental account. Premiums for dependent charges will be paid directly by the traveler.

- A RAT-50 **MUST** be submitted at least one month prior to departure date. A RAT-50 submitted less than one month prior to departure will have to have a memo from the Vice President, Dean, or Director containing justification for the Provost to authorize an exception to AU policy.
- For emergency assistance purposes a RAT-50 must be completed when traveling to any location outside of the 50 US States (including US territories such as: Puerto Rico, US Virgin Island, Guam, etc.). Failure to complete a RAT-50 will result in the loss of coverage for 24/7 emergency assistance including medical evacuation, repatriation of remains, etc.
- Travel to countries for which there is a US DOS travel warning is subject to review by the Provost. Due to AU liability insurance requirements all travelers to such locations will be required to sign an informed consent and liability. Student travel to countries for which there is a US DOS travel warning is subject to review by the Office of International Education and the Office of the Provost.
- A RAT-50 **MUST** be approved prior to travel. "After the fact" RAT-50's may be rejected and reimbursement of expenses denied.
- A RAT-50 should describe the purpose of the trip, the benefit of the trip in terms of not only the traveler, but the value of such travel to the department, college, and/or the university. This can be done on the form itself, but if more room is needed, a separate memo may be used.
- A RAT-50 **MUST** be approved **PRIOR** to any commitment of university funds for international travel expenses including airfare, registrations for international conferences, visas, inoculations, etc. This will now be enforced.
- A RAT-50 **MUST** for each traveler must be submitted at the same time when multiple AU faculty, students or administrators are attending the same event or participating in the same activity(ies). A cover memo from the VP, Dean, or Director justifying the need for multiple travelers may be required.
- A RAT-50 may be signed only by the actual Department Head and Deans, who also will authorize the fee charged.
- Once submitted all changes to any travel plans should be sent by memo or email to the Office of the Provost in a timely manner to avoid any added insurance charges. Cancellations after the fact will result in loss of the any premium paid, no refunds.

AU GLOBAL GATEWAY PROGRAM in effort to continue to increase global awareness of Auburn University and the State of Alabama we ask that all AU faculty, staff and students who travel around the world consider the following. For Information on the AU International Presence please go to: <http://www.auburn.edu/main/international.html>. In addition the United States Department of State provides support to a network of Educational Advising/Information Centers around the world through the **EDUCATION USA network**: <http://educationusa.state.gov/centers.htm>. These centers advise prospective international students and other audiences on higher education and study opportunities in the United States. We urge all Auburn University faculty, staff and students who travel to any of the following regions to take some time in your schedule to contact, visit with and provide these centers with the information that will help them inform their audiences about Auburn University. We also encourage you to explore Auburn Abroad opportunities for Alabama and AU students to study, intern, and do research abroad and for faculty led program opportunities. Please contact the AU Office of International Education for an AU information packet that you can use as part of your visit with these centers.

To contact a US DOS advising center, please check the following links for specific contact information:
• Africa http://educationusa.state.gov/centers/africa.htm
• East Asia/Pacific http://educationusa.state.gov/centers/eap.htm
• Europe http://educationusa.state.gov/centers/europe.htm
• Eurasia http://educationusa.state.gov/centers/nis.htm
• Mexico/Central America/Caribbean http://educationusa.state.gov/centers/mcac.htm
• Middle East/North Africa http://educationusa.state.gov/centers/mena.htm
• South America http://educationusa.state.gov/centers/soam.htm
• South Asia http://educationusa.state.gov/centers/sasia.htm
• Regional Educational Advising Coordinators http://educationusa.state.gov/centers/reacs.htm
• Educational Fairs around the world http://educationusa.state.gov/fairs.htm

What can you take with you?

- One or more copies of the AU Bulletin on CD's and Copies of the AU international student applications for undergraduates and printouts of the AU graduate school online application main page
- Copies of College and Departmental brochures – describing degree programs, ongoing research, faculty, etc.
- Scholarship, assistantship and any other financial support information. Any information that helps students and scholars learn more about Auburn University.

Need help contacting an advising center? Need help with information packets? For more assistance contact: Director, Office of International Education, 201 Hargis Hall, intledu@auburn.edu SUBJECT: Int'l recruiting, director OIE.



**AU REQUEST FOR AUTHORITY TO TRAVEL OUTSIDE OF THE 50 UNITED STATES (RAT-50) (v. 8/12/2006)
AND/OR TO INCUR EXPENSES IN PERFORMANCE OF AU OFFICIAL DUTIES IS REQUESTED BY:**

AU GID:	Traveler	Title
Department	Dept Chair Name:	Phone:
Traveler Work Phone	Traveler Home Phone	Traveler Email

Nature and purpose of travel request: _____ (Attach conference, workshop announcement or trip agenda.)

1 Will you be accompanied/leading a study/research abroad program with graduate or undergraduate students as part of this travel activity? NO, IF YES, please attach names & description of nature of the student activities **and RAT-50 for each student.**

2 Itinerary: _____
Country(ies) to be visited: _____

3 Time and date travel begins/ends Begins: _____ Ends: _____

4 Time and date activity begins/ends Begins: _____ Ends: _____

5 FUNDING SOURCES – please indicate all the appropriate categories
 AU funding Grant funds travel authorized by the funding agency? YES NO Self/Personal funds
 Outside agency sponsorship Name _____
 AU Study Abroad Program Program Name _____

Account Name FOAP Account Number REQ: AU EMAP Ins. fee \$40 – Dept FOAP DEBIT Acct

A	Account Name	Fund	Org	Account	Program
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B	Account Name	Fund	Org	Account	Program
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6 Estimated Costs: TRANSPORTATION: AIRFARE For all travel using US federal grant/contract funding, the traveler MUST use US based air carriers and must check with the Office of Sponsored Programs for other possible restrictions or prior approval requirements. \$

REMARKS	Train	\$
	Rented Vehicle (gasoline and tolls)	\$
	Taxi/Bus/Subway Fares	\$
	Parking	\$
	Mileage: est. miles X mileage rate \$ =	\$
Subtotal: TOTAL ESTIMATED TRANSPORTATION		\$

7. SUBSISTENCE (Attach details on additional days) **Lodging:** - not to exceed maximum Federal rate allowable in each city.

City	Country	Max Federal Rate/Day	* Number of Days	
		\$		\$
		\$		\$
		\$		\$
Subtotal: TOTAL ESTIMATED LODGING:				\$

Meals and Incidentals: - current Federal M&IE rate allowable in each city.

City	Country	Max M&IE Rate/Day	* Number of Days	
		\$		\$
		\$		\$
		\$		\$
Subtotal: TOTAL ESTIMATED MEALS AND INCIDENTAL EXPENSES:				\$

Registration - To be paid by Traveler (receipt and copy of program required) \$

Miscellaneous expenses – Receipts Required (Fax & Telephone, Visa, Airport Taxes) \$

TOTAL ESTIMATED COST FOR THIS RAT-50: \$

Will you be accompanied by dependents/family members? NO YES (NOTE: It is recommended that all accompanying dependents be covered by Emergency Assistance Insurance for the duration of the travel, ACCOMPANYING DEPENDENTS ARE NOT COVERED BY THE AU EMAP PLAN, please complete the dependent coverage form to enroll them in the EMAP program)

Signatures: (these signatures indicate that information indicated above is correct, to the best of the signees knowledge)

Traveler:	Date Signed:
Department Head:	Date Signed:
Dean/Director:	Date Signed:
Provost:	Date Signed:

COMPLETE AND SUBMIT ALL FORMS TO THE OFFICE OF THE PROVOST FOR PROCESSING; THE PROVOST'S OFFICE WILL SUBMIT THE APPROVED DOCUMENTS TO THE OFFICE OF INTERNATIONAL EDUCATION FOR ENROLLMENT IN THE AU EMERGENCY ASSISTANCE HEALTH INSURANCE COVERAGE (AU RAT-50 - Page 1 of 3)



**AUBURN UNIVERSITY RAT-50 TRAVEL RISK INFORMED CONSENT
FORM - READ CAREFULLY BEFORE SIGNING (ver.8/12/2006) (PAGE 2 of 3)**

It is recognized that by virtue of the global scope and nature of academic exchanges, research and cooperation, faculty and staff will actively participate in AU approved activities outside of the 50 US states. Therefore, it is incumbent on the traveler to be well informed regarding these activities. Specifically by completing an AU RAT-50 the traveler confirms and understands the following:

- 1. Risks of travel outside the 50 US states.** I have carefully identified, reviewed and considered the risks of travel to my destination(s), including the most recent relevant U.S. Department of State Consular (<http://travel.state.gov>) information as well as travel health advisory information from the Centers for Disease Control (CDC www.cdc.gov) and World Health Organization (WHO www.who.int/en/). I understand that air travel involves risks that may not be found on campus in Auburn or in the continental US in general. These include without limitation risks involved in traveling to and within, and returning from, locations outside the 50 US states; foreign political, legal, medical, social and economic conditions; different standards of design, safety and maintenance of buildings, public places and conveyances; local weather conditions and potential of natural disasters. I recognize that I may be subjected to potential risks, illnesses, injuries and even death. I have made my own investigation of these risks, understand these risks and assume them knowingly and willingly. *Furthermore I understand that if there is a US DOS travel warning in place for my destination country I must complete the appropriate AU documentation for travel authorizations to countries under travel warnings.*
- 2. Health Insurance; Medical Care.** I carry valid and current major medical health insurance and have a valid insurance identity card to bring. I understand, that in the case of medical emergencies, that although AU provides emergency assistance insurance for travel outside the 50 US states, that this plan relies on my primary health care insurance and that I will be solely responsible for payment in full of all costs of any medical care I may receive overseas.
- 3. Registration with US embassies/consulates abroad when leaving the United States** – Registration at the U.S. Embassy or Consulate (in the country you are visiting) makes your presence and whereabouts known, in case it is necessary for a consular officer to contact you in an emergency (either in country or back in the US). During a disaster or similar event abroad, American consular officers and emergency assistance organizations can assist in evacuation were that to become necessary. But they cannot assist you if they do not know where you are. Therefore it is imperative that PRIOR to departure (for each trip you take) you take the time and register online with the US Department of State using the following web link(s): <https://travelregistration.state.gov/> OR http://travel.state.gov/travel/tips/registration/registration_1186.html
- 4. Privacy release** – In accordance with the US Privacy Act 5 USC 552a (<http://foia.state.gov/privacy.asp>), information on your welfare or whereabouts may not be released by Department of State officials. The Department of State is committed to ensuring that any personal information received by overseas embassies and consulates pursuant to the registration process, whether in person or otherwise, is safeguarded against unauthorized disclosure. This means that the Department of State will not disclose information to any third parties unless you have first given written authorization to do so, or unless the disclosure is otherwise permitted by the Privacy Act. Please complete the following:

AUTHORIZATION FOR THE RELEASE OF INFORMATION UNDER THE PRIVACY ACT

In the event of a disaster, emergency or other crisis, and for evacuation coordination and in accordance with the US Privacy Act of 1974, I do hereby authorize the Department of State and embassy/consular officials, to release information about my welfare and whereabouts to the following

A. Names, addresses, and phone numbers of person(s) you wish the Embassy to contact:

	PERSON 1	PERSON 2	EMPLOYER
Relationship			EMPLOYER
Name			PROVOST or appointed representative
Street			Auburn University, Office of International Education, 201 Hargis Hall
City/State/zip			Auburn, Alabama, 36849
Telephone			334-844-5009 (direct-business hours) 334-444-8980(cell phone 24hrs)
Fax			334-844-4983
Email			intledu@auburn.edu

B. In the event other parties request information regarding my situation, information can be released to those listed below. Information will be released to the parties listed below only if they request it and if we have your authorization to do so. Please check the appropriate boxes below:

- Anyone; No One; Family; Media; Congress; Medical; Legal Rep;
 Only * , Other (* Other/Only Remarks):

I do hereby authorize the Department of State and embassy/consular officials, to release information about my welfare as indicated above and acknowledge the information provided to me in this document:

SIGNED: Date:	Printed Name: Passport Number:
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This release is specific to disasters, emergencies or other crises and all AU privacy policies are full in force at all times.

<i>I have read and understand all the information above:</i>	SIGNED: Date	RAT-50 Page 2 of 3
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THIS FORM TO BE SUBMITTED TO THE OFFICE OF INTERNATIONAL EDUCATION BY THE OFFICE OF THE PROVOST AT TIME OF APPROVAL OF THE RAT-50.

Date:	AU FACULTY or STAFF <input type="checkbox"/> US Citizen or Legal Permanent Resident <input type="checkbox"/> International Scholar * Visa Status:	AU STUDENT: <input type="checkbox"/> US Citizen or Legal Permanent Resident <input type="checkbox"/> International Student * Visa Status:
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* **NOTE:** International Students or Scholars on **F or J visas** (who have not waived out of this requirement) are covered for international travel and emergency assistance under the AU International Student and Scholar health and emergency assistance insurance program. You should have an EMAP identification card already. For details check with OIE, intl edu@auburn.edu.

Traveler AU GID:	Traveler Name	Birth date	<input type="checkbox"/> male <input type="checkbox"/> female	AU Title
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PASSPORT #	Country of Issuance USA <input type="checkbox"/> - Other
Expiration date:	Country of Permanent Residence: USA <input type="checkbox"/> - Other

- Please indicated the type of visa you will be traveling under : Tourist , other
- Note it is the traveler's responsibility to ensure compliance with all immigration regulations of the countries visited.
- For Safety & Security information check the US DOS country listings at: http://travel.state.gov/travel/cis_pa_tw/tw/tw_1764.html
- For Travel Health information please check the US Centers for Disease Control web site <http://www.cdc.gov/travel>
- For immunizations and health advice check with your family health provider and or the AU Medical Clinic on campus who also offers travel immunizations and advising for students, faculty, staff and dependents.

In Case of Emergency, Please Notify (as this is a corporate plan AU will be automatically notified in addition to those indicated below):

	Name:	Relationship	Home Phone:	Work Phone:
1	Director, AU Int. Ed	AU EMAP POLICY MGR	334-844-5009 (work)	334-501-3100 24hr Public Safety
2				
3				
4				

I understand that the Emergency Assistance Plan is NOT MAJOR MEDICAL Coverage (for details of coverage see: <http://www.auburn.edu/academic/international/insurance/>). This EMAP plan will coordinate benefits with my major medical policy should there be an emergency abroad. The following is required in case coordination of benefits is required, I currently AM NOT - AM currently covered by a medical health insurance plan through AU BCBS or OTHER: Name of Company: _____ POLICY Number: _____

DEPENDENTS: I WILL NOT WILL be accompanied by dependents. If accompanied by dependents, I DO NOT WANT - DO WANT to have them enrolled in the AU EMAP insurance (if you want to have any accompanying dependents enrolled please complete the following and attach payment):

Accompanying Dependents to be covered for International Emergency Assistance:
NOTE: ALL PAYMENT FOR DEPENDENT COVERAGE IS THE RESPONSIBILITY OF THE TRAVELER -

Relationship	Name	MALE	FEMALE	Birth date	\$/day X #days	Total
Spouse <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		\$4.00 X	
Child 1 <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		\$4.00 X	
Child 2 <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		\$4.00 X	
Child 3 <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		\$4.00 X	
Child 4 <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		\$4.00 X	
Other dep't <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		\$4.00 X	

MAKE CHECK PAYABLE TO AUBURN UNIVERSITY (AND ATTACH) in the amount of (TOTAL)

I have read and completed the information requested above to the best of my knowledge. I understand that this form must be submitted with all RAT-50 documentation prior to any planned travel.

SIGNATURE OF TRAVELER	DATE
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