INDIANAPOLIS
PHYSICIAN ASSISTANT STUDIES
School of Health & Human Sciences

SHHS PRE-DEPARTURE FORM

MUST BE SUBMITTED AT LEAST 12 WEEKS PRIOR TO DEPARTURE

Date submitted:

Last Name: **First Name:** **Student ID#:**

City and Country to be visited: Organization Sponsorship to include the following

Address: Phone number: Contact person while in the country:

Address while in the country: Phone number while in the country:

Copy of orientation plans when in country (attached) Length of visit: Dates of visit:

Documentation of pre-departure meeting with a representative of the Office of International Affairs:

Any safety/security/health issues related to the destination or the activities associated with the program:

Outline of planned activities to include focus on health services and interaction/supervision with a health care provider:

Living accommodations while in the country:

Travel arrangements to reach destination:

Health Insurance:

Planned budget:

Airfare		Housing	
Health and evacuation insurance		Meals	
Passport/visa costs		Misc.	
Vaccination costs		Total	