



Request for Foreign Travel Insurance Program (FTIP)

Must be submitted to Enterprise Risk Management no less than 45 days prior to departure date.

Trip Leader *(Enter Passport First Name and Last Name)*

Last Name _____ First Name _____ Middle Initial _____

Department _____

University Affiliation: Faculty Staff Student Other _____

Campus Phone (_____) _____ Other Phone (_____) _____

Campus Email _____ Other Email _____

Travel Information

Destination City _____

Destination Country _____

U.S. Departure Date (mm/dd/yy) _____

U.S. Return Date (mm/dd/yy) _____

Purpose of travel _____

Activity description / course name/number _____

Emergency Contact *(Note: This information cannot be yourself.)*

Name (First Name and Last Name) _____ Relationship to Trip Leader _____

Phone (_____) _____ Email _____

Itinerary & Trip Details

Attach a separate sheet as needed using the same format as this form. For multiple destinations, a detailed itinerary is required.

List primary accommodation for each travel destination including name, address and phone number.

(If this information is not available at the time of form submission, email riskmgmt@sfsu.edu when it is available.)

List general activities of the trip (i.e. attending professional conference or meeting, collecting samples, field research, teaching, etc). Include conference names and dates.

Provide information on the primary mode of transportation at destination site from/to accommodation, from/to activities (i.e. car rental, public transportation, car rental)

Name of Person Authorized to Approve Travel _____

(This person may be the College Dean, Associate Dean, Department Chair or your supervisor.)

Title _____ Department _____

Campus Phone (_____) _____ Campus Email _____

*Department Chargeback Account Number _____

(This information is required to process the FTIP request.)

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Enterprise Risk Management

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