

Pre-Travel Authorization Form

Please return this completed form to Gina Ralph at MERB 229 at least 4 weeks before your departure.

I _____,

Have Completed/Submitted My Pre-Travel Safety/Information Form, &

Have Been Made Aware Of The Safety Guidelines & Requirements For
Global/International Experiences, &

Promise To Represent Temple As A Medical Professional To The Best
Of My Ability As Stipulated In The Temple Honor Code, &

Will Comply With Electronic Documentation Expectations, &

Plan To Complete All Necessary Documents.

Printed Name Student Signature Date

Director For Global Medicine Signature Date