
PRE-DEPARTURE CHECKLIST & COMMUNICATION GUIDE

PRE-DEPARTURE CHECKLIST

LOGISTICS:

Ensure that your **passport** is valid for at least 6 months beyond program end date.

Obtain a **visa** or other documentation required for your destination country.

- US Citizens: see travel.state.gov for country entry requirements
- Non-US citizens: contact the embassy or consulate general of the destination country for entry requirements

Register your travel in the **BU International Travel Registry** (www.bu.edu/travelregistry).

Register your travel with the US State Department's **Smart Traveler Enrollment Program** (STEP) at step.state.gov

Record the following information in at least two places (e.g., on your phone and hard copy):

Passport

Credit cards and/or ATM Card

Name, policy number, and 24-hour contact number of your insurance company

Travel itinerary and contact information for airline or travel agent

Addresses, emails, and phone numbers for program leaders, hosts, and accommodations

Make an electronic or hard copy **package** of this information, and leave it with someone you trust in the U.S. or your home country.

SAFETY & SECURITY:

Review information about your destination from the **US State Department** (travel.state.gov).

For group travelers, attend a pre-travel **health, safety and security briefing**.

HEALTH:

Review information about your destination from the **Centers for Disease Control** (cdc.gov).

Speak with any **current health care providers** about your proposed travel.

Obtain any necessary **vaccinations**.

Obtain a sufficient supply of any **medications** you might need while abroad.

Review any **dietary limitations** at your destination, and verify that your program can accommodate your dietary needs.

Verify that you have valid **health insurance** and **evacuation coverage** at your destination, and understand how it works.

- Download the company's app, if they have one

COMMUNICATION GUIDE

GROUP LEADER'S NAME

Telephone	
Email	

BU CONTACT NAME

Telephone	
Email	

BU GLOBAL PROGRAMS	617-594-3215 (After Hours Emergency Line)
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ACCOMMODATION NAME

Address	
Phone Number	

TRAVEL AGENT OR ORGANIZATION ARRANGING YOUR PROGRAM/TRAVEL

24-hour phone number	
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MEDICAL INSURANCE

Policy Name and Number	
Phone Number	
Email	
Website	

EVACUATION COVERAGE (IF DIFFERENT FROM MEDICAL INSURANCE)

Policy Name and Number	
Phone Number	
Email	
Website	

FOR EACH DESTINATION

Closest US Embassy or Consulate	Or embassy or consulate of traveler's nationality
Street Address	
24-hour Telephone	
Email	
US Dept. Of State Website	www.travel.state.gov
