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# PRE-DEPARTURE CHECKLIST & COMMUNICATION GUIDE

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## 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](http://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](http://www.bu.edu/travelregistry)).

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

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### SAFETY & SECURITY:

Review information about your destination from the **US State Department** ([travel.state.gov](http://travel.state.gov)).

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

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### HEALTH:

Review information about your destination from the **Centers for Disease Control** ([cdc.gov](http://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

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## COMMUNICATION GUIDE

### GROUP LEADER'S NAME

|           |  |
|-----------|--|
| Telephone |  |
| Email     |  |

### BU CONTACT NAME

|           |  |
|-----------|--|
| Telephone |  |
| Email     |  |

|                           |   |
|---------------------------|---|
| <b>BU GLOBAL PROGRAMS</b> | 617-594-3215 (After Hours Emergency Line) |
|---------------------------|---|

### ACCOMMODATION NAME

|              |  |
|--------------|--|
| Address      |  |
| Phone Number |  |

### TRAVEL AGENT OR ORGANIZATION ARRANGING YOUR PROGRAM/TRAVEL

|                      |  |
|----------------------|--|
| 24-hour phone number |  |
|----------------------|--|

### 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

|  |  |
|--|--|
| <b>Closest US Embassy or Consulate</b> | Or embassy or consulate of traveler's nationality              |
| Street Address                         |  |
| 24-hour Telephone                      |  |
| Email                                  |  |
| US Dept. Of State Website              | <a href="http://www.travel.state.gov">www.travel.state.gov</a> |

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