



KETTERING UNIVERSITY
INTERNATIONAL TRAVEL AND EXPORT CONTROL

Employee Name:

Departure Date:

Return to Work Date:

Destination:

Business Purpose:

Travel arrangements for:

Airplane Yes No

Car Yes No

Other, please indicate:

Please attach a copy of your travel itinerary.

Will any part of this trip be recorded as personal (non-business) time?

No

Yes, from

through

Insurance:

I have health insurance through Kettering University and am covered while traveling outside the United States.

I have health insurance from a provider other than Kettering University and am covered while traveling outside the United States. It is my responsibility to verify this coverage with my health insurance provider.

Travel

I am aware of Kettering Secure Travel benefits.

Assistance:

[\[http://www.kettering.edu/hr/docs/SecureTravelBrochure.pdf\]](http://www.kettering.edu/hr/docs/SecureTravelBrochure.pdf)

Export Control:

Part Ia – Please select *one* statement that describes the technology or research being exported.

I have read and understand the Memo on Export Control

[\[http://www.kettering.edu/research/docs/exportcontrol.pdf\]](http://www.kettering.edu/research/docs/exportcontrol.pdf). I have met with the Office of Sponsored Research and determined there **is not** a need for an Export Control License.

I **will not be** sharing information with people outside the United States about technologies or research that requires a license for export under the International Traffic in Arms Regulations (ITAR) or the Export Administration Regulations (EAR). **Initials:**

I have read and understand the Memo on Export Control. I have met with the Office of Sponsored Research and determined there **is** a need for an Export Control License.

I **will be** sharing information on technologies or research that is controlled under the ITAR or EAR on this trip and have consulted with the Office of Sponsored Research to obtain this license. *Please submit a copy of the license to the Office of International Programs along with a copy of this form.* **Initials:**

Part Ib – Research Funding

If you receive Research Funding, please provide the Index Number:

No Research Funding

(continued on next page)

Part II – Please contact the Office of International Programs with questions about obtaining a Kettering clean computer/memory stick.

I **will not be** traveling with a Kettering or personal laptop, memory stick, smart phone or PDA.

I **will be** traveling with a Kettering or personal laptop, memory stick, smart phone, or PDA. Pertinent information for my business abroad that is not subject to or is appropriately licensed for export control has been transferred to a Kettering clean computer/memory stick to avoid inadvertent export of unrelated research materials, which may be subject to sanctions, and to avoid disclosure of Kettering or personal information.

Employee Signature:

Date:

EMERGENCY CONTACT INFORMATION

Name:

Phone:

Relationship to Employee:

ROUTING

Please forward this form to the next office to be reviewed or approved.

Supervisor’s Approval:

Date:

Office of Sponsored Research:
(if applicable)

Date:

Office of International Programs:

Date:

Vice President’s Approval:

Date:

When routing has been completed, please forward the original form and all attachments to the Office of International Programs, extension 9869

For official use only

Copies to: Employee OSR Purchasing Vice President