*Mark Sedler, MD, MPH
Founding Director, Office of Global Medication Education*

**Student International Travel Itinerary**

|  |  |
| --- | --- |
| **Student Name** |  |
| **Student ID** |  |
| **Exact dates of travel** |  |
| **Airline carrier information with flight numbers** |  |
| **Dates of program** |  |
| **Destination** |  |
| **International Supervisor (Name and Email)** |  |
| **Address of lodging** |  |
| **Student Cell number** |  |
| **Student’s preferred email** |  |
| **Emergency Contact****(Name, relationship, telephone, email)** |  |

Submit form to Laurel Loh in the Office of Student Affairs/Global Medical Education Office or by email laurel.a.loh@stonybrookmedicine.edu. Phone: (631) 638-7807