



THE COOPER UNION TRAVEL REGISTRATION FORM

Date submitted: ___ / ___ / _____

This form is intended for members of The Cooper Union community who are planning international travel. **ALTHOUGH THIS FORM IS VOLUNTARY, SHARING THIS INFORMATION WITH COOPER ONLY STRENGTHENS OUR COVID-19 RESPONSE PREPAREDNESS. PLEASE SUBMIT THIS FORM AT LEAST 10 WORKING DAYS PRIOR TO DEPARTURE DATE TO healthandsafety@cooper.edu.**

Person Information:

LAST Name:			[PRINT CLEARLY]
FIRST Name:			[PRINT CLEARLY]
Contact Information:	Email:	Phone:	
Status (select one):	<input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> F-1 Student <input type="checkbox"/> Other: _____		
School / Office:	<input type="checkbox"/> Architecture <input type="checkbox"/> Art <input type="checkbox"/> Engineering <input type="checkbox"/> HSS <input type="checkbox"/> President <input type="checkbox"/> Other: _____		

Travel Information:

Departure Date:	___ / ___ / _____	
Return Date:	___ / ___ / _____	* If you are an international student you MUST check-in with your DSO once you are back in the U.S.
Travel Location (including layovers):		

Is there a travel advisory in place for your destination? Yes* No

*If yes, please explain below:
