Wake Forest University
GROUP International Travel Information Form
(for Faculty/Staff Led Groups with Student Participants NOT FOR ACADEMIC CREDIT)

This Form is Required IF:
- You are leading a group of Wake Forest students on an international trip NOT FOR ACADEMIC CREDIT. If you are leading a group of Wake Forest students on an international trip FOR academic credit, use the GROUP form FOR academic credit. If you are leading a group of Wake Forest faculty/staff, use the GROUP form for faculty/staff participants.

Purpose of the International Travel Information Form:
Wake Forest University requires all groups (study abroad, research, international service, etc.) traveling on WFU funds (including grants, scholarships, etc) to complete this form at least one month before the program begins and before funds will be disbursed. The purpose of this form is to provide trip itineraries and contact information for all faculty, staff, and students who are traveling outside of the United States at all times. Once the signatures have been obtained, submit this completed form to the Center for Global Programs & Studies (GPS) in 116 Reynolda Hall.

Note: If there is more than one group leader, each group leader should complete this form.

I understand that I must provide all necessary information to the GPS before any funds for international travel will be disbursed by Wake Forest University. **This form must be reviewed and signed by all of the individuals listed below before any international travel is commenced.** I understand that for reasons of security/safety, WFU may deny funds for travel outside the United States at any point prior to departure. However, I understand and acknowledge that the provision of funds for international travel does not imply that Wake Forest University accepts responsibility for any risks associated with the travel. In addition, I understand that I am required to attend a security briefing prior to departure. I understand that I must submit the following forms to the GPS and perform the following tasks before departure.

1. Group Leader(s) must turn in to the GPS:
   - List of group participants
   - Faculty/Staff Director Guidelines Form (completed and signed by Faculty/Staff Director)
   - Assumption of Risk & Release for Faculty/Staff
   - Notification of any changes in participants
   - Copy of program itinerary with contact information
   - **MANDATORY: Purchase HTH International Insurance or iNext**

2. Group Leader(s) must verify that EACH PARTICIPANT has completed the following:
   - Student Assumption of Risk and Release Form
   - Health Questionnaire
   - **MANDATORY: Purchase HTH International Insurance**

Primary Group Leader should collect all forms and turn them in to the CIS

1. Signature of Group leader: ____________________________ Date: ____________
2. Signature of Dept. Chair or Dean: ____________________________ Date: ____________

**All signatures above must be obtained & all forms must be complete before the GPS may sign for final approval.**

3. Signature of GPS: ____________________________ Date: ____________

**Group Leader Information**

Name (first, middle, last): ____________________________

Affiliation (check one): _______ Faculty _______ Staff _______ Other ________

Unit (check one): ______ College ______ Business ______ Law ______ Divinity _______ Other ________
Department, Office, or Student Organization: ________________________________

Purpose of Travel (Ex. international service trip, etc.): ________________________________

Name of Program (ex. VSC City of Joy Scholars): ________________________________

International Destination(s) (city, country): ________________________________

**Actual Dates of Travel:** ________________________________

Funding Source: ________________________________ Estimated Cost: ________________________________

E-mail: ________________________________ Gender: _____ Male _____ Female

Home Address (or PO Box): ________________________________

Home Phone #: ________________________________ Cell Phone #: (if applicable) ________________________________

**Domestic Emergency Contact Information**

Name: ________________________________ Relationship to you: ________________________________

Daytime Phone #: ________________________________ Eveniing Phone #: ________________________________

Address: ________________________________

Fax # (if available): ________________________________ E-mail: ________________________________

**Primary International Location (if more than one location, attach additional information)**

City: ________________________________ Country: ________________________________

Dates at Location: ________________________________

Accommodation address: ________________________________

Phone #: ________________________________ Fax #: ________________________________

International Cell Phone # (if available): ________________________________

Will you have access to your WFU E-mail? YES NO Alternate E-mail: ________________________________

Additional Overseas Contact if available (name, address, phone, fax): ________________________________

____________________________________________________

Return completed form to:
Center for Global Programs & Studies
PO Box 7385, Winston-Salem, NC 27109
116 Reynolda Hall
Tel: 336.758.5938   Email: metcalf@wfu.edu