**Wake Forest University**

**INDIVIDUAL FACULTY or STAFF International Travel Information Form**

This Form is Required IF:
- You are traveling internationally using WFU funds (including grants, scholarships, etc.)
- You are NOT leading a group (if you are leading a group you will use one of the GROUP International Travel Information Forms)

**Purpose of International Travel Information Form:**
The purpose of this form is for WFU to have trip itineraries and contact information for all individuals who are traveling outside of the United States at all times. If you are traveling abroad but are NOT using WFU funds, you are not required to complete this form. **This form must be completed at least one month before the travel begins.** Once the signatures have been obtained, submit this completed form to the Center for Global Programs & Studies (GPS) in 116 Reynolda Hall.

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 and that payment or reimbursement for my international travel/expenses will not occur unless this form has been reviewed and signed by all of the individuals listed below before my travel is commenced. I further understand that Wake Forest University reserves the right to deny funds for travel outside of the United States at any time prior to departure. In the event that funding is approved, I understand and acknowledge that this trip is taken on my own initiative and is not required by Wake Forest University. I further understand and acknowledge that I accept full responsibility for all risks, both known and unknown to me, that may be associated with my travel and that WFU makes no representations of any kind concerning the risks presented by my travel plans. In addition, I understand that I am required to attend a security briefing prior to departure.

I understand that I must provide the following information to the GPS before departure:
- Submit the Faculty/Staff Assumption of Risk & Release form
- Send notification of any changes to the itinerary or contact information
- **MANDATORY:** Purchase HTH International Insurance or iNext
  - See GPS for applications

1. Signature of Traveler: ____________________________ Date: ________________

2. FOR FACULTY: Signature of Dept. Chair or Dean: ____________________________ Date: ________________
   FOR STAFF: Signature of Dept. or Unit Head ____________________________ 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: ________________

**Individual Information**

Name (first, middle, last): _______________________________________________________

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

Unit (check one): _____ College _____ Business _____ Law _____ Divinity _____ Other __________

Department or Office (specify): ___________________________________________________

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

**Dates of Actual Travel:** ____________________________

Purpose of Travel (Ex. Independent Research, Conference, Scholarship Recipient, Professional Development):

________________________________________________________________________

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 #: ______________________ Evening Phone #: _______________________________
Address: ______________________________________________________________________________
Fax # (if available): ______________________ E-mail: _______________________________________

**First International Location (if more than two locations, 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): _______________________
_____________________________________________________________________________________

**Second International Location**

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 116 Reynolda Hall; PO Box 7385, Winston-Salem, NC 27109
Tel: 336.758.5938 Email: metcalf@wfu.edu