Wake Forest University

**INDIVIDUAL STUDENT** 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 Student Assumption of Risk & Release form
- Submit the Health Questionnaire
- Send notification of any changes to the itinerary or contact information to the GPS
- **MANDATORY:** Purchase HTH International Insurance (see GPS for application)

1. Signature of Traveler: ___________________________ Date: ______________

2. Signature of Dept. Chair or Scholarship Sponsor: ___________________________ 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): ________ Undergrad Student ________ Grad Student

Unit (check one): _______ College _______ Business _______ Law _______ Divinity Other __________________________

Department, Office, or Student Organization (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