This form is required for all international travel using WFU funds (including grants, scholarships, etc.)

- All fields on this form are MANDATORY for the purposes of registering your travel with the WFU/Red24 Travel Tracker System.
- This form should be completed as soon as possible prior to traveling so that we have sufficient time to register your travel and purchase the international health insurance.
- **IF THERE IS MORE THAN ONE GROUP LEADER, EACH LEADER SHOULD COMPLETE THIS FORM.**

By signing below, 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 may be required to attend a security briefing prior to departure. I understand that I must submit the following forms to GPS and perform the following tasks before departure.

1. Group Leader(s) must turn in to GPS:
   - List of group participants (notify GPS if you’ve verified the list in WakeAbroad)
   - The international health insurance (HTH) enrollment form
   - The Faculty & Staff Assumption of Risk & Release form
   - Faculty/Staff Director Guidelines Form (completed and signed by Faculty/Staff Director)
   - Notification of any changes in participants
   - Copy of program itinerary with contact information

   **NOTE:** HTH International Insurance is required for each group leader and student participant for the duration of this program. The cost of this insurance will be billed to the program.

2. Group Leader must verify that EACH PARTICIPANT has completed the items listed below. Undergraduate programs will be processed through WakeAbroad. **Graduate programs must submit paper copies.**
   - Health Questionnaire
   - Student Assumption of Risk & Release
   - Application for HTH International Insurance
   - All other required documents in WakeAbroad

**Primary Group Leader should collect all forms and turn them in to GPS**

1. Signature of Traveler: ________________________________ Date: __________________

2. FOR FACULTY: Signature of Dept. Chair or Dean: ________________________________ Date: __________________

3. FOR STAFF: Signature of Dept. or Unit Head: ________________________________ Date: __________________
   **All signatures above must be obtained & all forms complete before GPS may sign for final approval.**

4. Signature of GPS: ________________________________ Date: __________________

Name (first, middle, last): ________________________________

Unit (circle one): College  Business  Graduate  Law  Div  Other (indicate): ________________________________

WFU ID: ________________________________
Affiliation (circle one): Faculty       Staff       Other (indicate): ______________________________

E-mail: ________________________________  Cell phone: ________________________________

(If you don’t have a cell phone, please provide an alternate phone number for emergency contact while abroad)

Traveler Home City, State or Province: ________________________________

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

______________________________

Dates of Actual Travel: ________________________________

Departure Location from US (airport & city*): ________________________________

First International Location Information

First Destination (City & Country): ________________________________

Dates in First Destination: ________________________________

First Hotel/Accommodation Information While Abroad

Hotel/Accommodation in First Destination (Name, address and phone number): ________________________________

______________________________

Departure from First Destination (airport & city*): ________________________________

Second International Location Information

Second Destination (City & Country): ________________________________

Dates in Second Destination: ________________________________

Second Hotel/Accommodation Information While Abroad

Hotel/Accommodation in Second Destination (Name, address and phone number): ________________________________

______________________________

Departure from Second Destination (airport & city*): ________________________________

(For additional destinations, attach details on a separate sheet)

*If departing from other than an airport, please describe here ________________________________
INFORMATION ON RETURN TO THE UNITED STATES

Date of Departure: ____________________________ Airport & city of departure: ____________________________

Domestic Emergency Contact Information

Name: ___________________________________________ Relationship to you: ____________________________

Daytime Phone: ____________________________ Evening Phone: ____________________________

Address: ____________________________________________ E-mail: ____________________________

Additional overseas contact if available (name, address, phone, fax): ____________________________

Return completed forms to:

Center for Global Programs & Studies | 116 Reynolda Hall | PO Box 7385 | Winston-Salem, NC 27109

Tel: 336.758.5994 Email: metcalf@wfu.edu

Contact GPS for all forms and applications or visit http://global.wfu.edu/global-abroad/international-travel-forms/

FOR OFFICE USE ONLY

Travel Insurance Purchased on: ____________________________

Or valid until: ____________________________