INDIVIDUAL Student International Travel Form

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.
- Once signatures have been obtained, submit this form to the Center for Global Programs & Studies (GPS) in 116 Reynolda Hall.
- The international health insurance (HTH) application should accompany this form.
- The Health Questionnaire should accompany this form.
- The Student Assumption of Risk & Release should also accompany this form.

I understand by signing this form that Wake Forest University reserves the right to deny funds for travel outside the United States at any time prior to departure. In the event funding is approved, I understand and acknowledge that this trip is taken on my own initiative. I further understand and acknowledge that I accept full responsibility for all risks, both known and unknown to me, which may be associated with my travel and that WFU makes no representation of any kind concerning the risks presented by my travel plans. In addition, I understand that I may be required to attend a security briefing prior to my departure.

1. Signature of Traveler: __________________________ Date: ____________
2. Signature of Dept. Chair or Scholarship Sponsor: __________________________ Date: ____________
   All signatures above must be obtained & all forms complete before GPS may sign for final approval.
3. Signature of GPS: __________________________ Date: ____________

Name (first, middle, last): __________________________

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

WFU ID: __________________________ Affiliation (circle one): Undergrad Student   Graduate Student

WFU E-mail: __________________________ Alternate 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: __________________________

Dates of Actual Travel: __________________________

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

__________________________

Departure Location from US (airport & city*): __________________________
First Destination (City & Country): ____________________________

Dates in First Destination: ____________________________

**First Hotel/Accommodation Information While Abroad**

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

___________________________________________________________________________

Department 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): ____________________________

___________________________________________________________________________

Department 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: ____________________________