WAKE FOREST UNIVERSITY

Center for Global Programs and Studies

INDIVIDUAL Faculty or Staff 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/iJET Worldcue® 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 (GeoBlue or iNext) application should accompany this form.
- The Faculty & Staff Assumption of Risk & Release form 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. 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): _____

Affiliation (circle one): Faculty Staff Other (indicate): _____

WFU ID: _____ Department: _____

Cell phone: _____ E-mail: _____

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

Dates of Actual Travel: _____

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

_____

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): _____

_____

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): _____

_____

Third International Location Information

Second Destination (City & Country): _____

Dates in Second Destination: _____

Third Hotel/Accommodation Information While Abroad

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

_____

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

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: gps@wfu.edu

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