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.
- **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
   - The international health insurance (GeoBlue) 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:** GeoBlue 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.**
   - Health Questionnaire
   - Student/Faculty Staff Assumption of Risk & Release
   - Application for GeoBlue International Insurance

   **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): ____________________________ Date: ____________________________

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

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

WFU ID: ____________________________ Department: ____________________________
E-mail: ____________________________  Cell phone: ____________________________

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

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

________________________________________________________________________________________

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