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 (notify GPS if you’ve verified the list in WakeAbroad)
   - 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. Undergraduate programs will be processed through WakeAbroad. Graduate programs must submit paper copies.
   - Health Questionnaire
   - Student Assumption of Risk & Release
   - Application for GeoBlue 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): ____________________________

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