

1. Group Leader(s) must turn in to GPS:

☐ List of group participants

Center for Global Programs and Studies

GROUP International Travel Form for FACULTY/STAFF Trip

This form is required if you are leading a GROUP of WFU FACULTY/STAFF on an international travel experience. If you are leading a group of students, then use one of the Group forms for student participants.

- 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.

| | 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 or iNext international insurance is required for each group leader and faculty/staff participant for the | | | | |
| duration of this program. The cost of this insurance will be billed to the program. | | | | |
| 2. Grou | up Leader must verify that EACH PARTICIPANT has completed the items listed below. | | | |
| | Health Questionnaire | | | |
| | Faculty/Staff Assumption of Risk & Release | | | |
| 1. | Application for GeoBlue <u>or</u> iNext international insurance | | | |
| Primary Group Leader should collect all forms and turn them in to GPS | | | | |
| | | | | |
| 1. | Signature of Traveler: Da | ate: | | |
| 2. | FOR FACULTY: Signature of Dept. Chair or Dean: Da | ate: | | |
| | | | | |
| 3. | FOR STAFF: Signature of Dept. or Unit Head: Da | ate: | | |
| All signatures above must be obtained & all forms complete before GPS may sign for final approval. | | | | |
| | | | | |
| 4. | Signature of GPS: Da | ate: | | |
| 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 a | n 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, Confe | rence, Scholarship Recipient, Professional Development): | | |
| First International Location Information | | | |
| First Destination (City & Country): | | | |
| Dates in First Destination: | | | |
| First Hotel/Accommodation Information While Abra Hotel/Accommodation in First Destination (Name, ac | oad ddress and phone number): | | |
| Second International Location Information | | | |
| Second Destination (City & Country): | | | |
| Dates in Second Destination: | | | |
| Second Hotel/Accommodation Information While A | Abroad | | |
| Hotel/Accommodation in Second Destination (Name | e, address and phone number): | | |
| Third International Location Information | | | |
| Second Destination (City & Country): | | | |
| Dates in Second Destination: | | | |
| Third Hotel/Accommodation Information While Ab | <u>road</u> | | |
| Hotel/Accommodation in Second Destination (Name | e, address and phone number): | | |
| | | | |

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

Name: ______ Relationship to you: _______ Daytime Phone: _____ Evening Phone: ______ Address: _____ E-mail: ______

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

Domestic Emergency Contact Information

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