



WAKE FOREST
UNIVERSITY

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, 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/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.
- **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 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. Group Leader must verify that EACH PARTICIPANT has completed the items listed below.

- ☐ Health Questionnaire
- ☐ Faculty/Staff Assumption of Risk & Release
- 1. Application for GeoBlue or iNext 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): _____

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)

Traveler Home City, State or Province: _____

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

Dates of Actual Travel: _____

Departure Location from US (airport & city*): _____

Airline and Flight Number: _____

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): _____

Departure from First Destination (airport & city*): _____

Airline and Flight 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): _____

Departure from Second Destination (airport & city*): _____

Airline and Flight Number: _____

(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: _____

Airline and Flight Number: _____

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/>