## **REQUEST FOR INTERNATIONAL TRAVEL**



**PURPOSE OF FORM:** Faculty/staff traveling internationally on college business OR faculty/staff leading student groups internationally must submit this completed document (including required signatures) to the Director of International Education, Gwendolyn W. Stephenson District Administration Center (GWSC 313).

Submitting this form does not constitute approval for funding or travel. You can find instructions on preparing international travel paperwork and steps for securing formal approval by clicking <a href="https://example.com/html/>here">here</a>.

TRAVELER INFORMATION:								
Traveler's Name			Employee ID #					
Traveler's Campus			Employee Category					
Traveler's Phone			Date of Birth					
Passport Number			Passport Expiration Date					
Supervisor's Name			Supervisor's Phone					
TRAVEL INFORMATION:								
Travel Request T	уре							
Brief description of your project and goals:								
Country	Location (City or Region)	Date Arriving in Foreign Country	Date Returning to U.S. (or going to next country)	Destination Country Contact Information Phone # and e-mail	VISA requir ement			
Is the destination on the U.S. Dept. of State Travel Warning or Alert List ( <a href="http://travel.state.gov/">http://travel.state.gov/</a> )? Please describe any travel warnings/alerts provided by the Department of State below (if any):								
Please describe any travel health related warnings provided by the Centers for Disease Control ( <a href="www.cdc.gov/">www.cdc.gov/</a> ). List required/recommended inoculations (if any):								
	<u> </u>							

Are you leading a group of students? If so, please provide a roster of students' full names and ID numbers.						
List name of U.S. and destination-country organizations involved in this travel (if any):						
FACULTY ONLY						
Will this travel require you to miss any classes?						
Provide specific dates that classes will be substituted or missed due to this travel. If classes will be missed, an instructional plan that supports learning and the required instructional minutes per course is required.						
OCCUPATION AT TO AVE						
COST OF INTERNATIONAL TRAVEL						
Estimated Total Costs (detailed on Out-of-District Travel Expense Form): \$						
How will your travel be funded? Are you requesting funding or do you have funding?						
EMERGENCY CONTACT INFORMATION (Person in U.S. to contact in case of emergency)						
Name: Phone:						

Attached the following documents:

- 1) Copy of Passport
- 2) Copy of Itinerary
- 3) Original Out-of-District Travel Expense Form with supervisor's approval
- 4) Proof of <u>AIG Travel Guard WorldRisk Assistant Card</u> or completed <u>CCID MedEvac Agreement and Indemnity Form</u>
- 5) Student Roster (if applicable)
- 6) Instructional Plan (if applicable)

Note: Consult your supervisor about Trip Cancellation Insurance

SIGNATURES: You may sign electronically					
Traveler's Name:	Signature:	Date:			
Supervisor's Name:	Signature:	Date:			
Director of International Education	Signature:	Date:			