INTERNATIONAL TRAVEL APPROVAL FORM: Travel Abroad
Western Carolina University
(Revised, May 2009)

Use for travel abroad on *university business only* (attach additional pages if necessary)

Faculty/Staff information:

Name _____ Department _____
Last First MI

Please list all other WCU employees and individuals from other universities or organizations who will be traveling with the students:

Name	Organization	Name	Organization

Emergency contact information **(Do not list spouse or other family members if they will be traveling with you):**

Name _____ Relationship to you _____
Phone number(s):
Home (____)_____ Work (____)_____ Cell (____)_____

Travel information:
Destination(s): *(List all cities/countries to be visited, and attach a full itinerary)*

_____

Individuals you will visit: *(List the names and contact information of all individuals with whom you will visit or work while abroad)* _____

Date you will begin travel _____ Date of return _____

Did you use a travel agent? Y ☐ N ☐ *If yes, please complete the following:*

Name of Agency _____ Name of Agent _____

Phone number (____)_____

University Technology:
Please list all university-owned equipment/technology to be taken on this trip (e.g., laptop computers, microcomputers/processors, BlackBerrys/Smart phones, PDAs, removable memory devices/thumb drives, digital computers, encryption software, telecommunication/transmission equipment, lasers, laser sensors)

_____

_____

University Technical or Confidential Data:
Please list all university-owned confidential data to be taken on this trip (e.g., student or employee Social Security numbers, driver's license numbers, financial information or protected health information). Also list all university-owned technical data to be taken on this trip (e.g., any information required design or development; production, manufacture or assembly; operation; repair, testing or maintenance; modification of product in the form of blueprints, drawings, plans, photos, instructions or other documentation EXCEPT for information in the public domain)

_____

_____

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Approval for Travel

Supervisor Approval:	*printed name*	*signature*	*date*
Immediate Supervisor	_____	_____	_____
Dean/Vice Chancellor	_____	_____	_____

Provost Approval:

☐ Travel fully approved

Travel approved with one of the following conditions:

☐ 1) Approved to return to campus with physician's certificate of fitness/confirmation of avian flu testing

☐ 2) Approved to return to campus after self quarantine/quenching period of _____ days

☐ Travel denied - Reason for denial: _____

_____ _____
Provost signature date

Visual Compliance Approval:

☐ Visual Compliance met _____ _____
Visual Compliance Staff Member date

Date received _____