INTERNATIONAL TRAVEL APPROVAL FORM: Visitors to Campus
Western Carolina University
(Revised, May 2009)

Use for visitors on university business only (attach additional pages if necessary)

Primary purpose of visit _________________________________________________________________

Invitation information:
Inviting faculty/staff member ___________________________ Department _______________________

(If international visitor will conduct research, guest lecture or teach at WCU or other institutions, please see
International Programs and Services about visa regulations.)

Visitor information:
Name ________________________________________________________________
Last First MI
Company or University _____________________________________________________________
Home city, country ________________________________________________________________
If a group is visiting, attach full names, university/company affiliation, home city and country

Itinerary information:
Date of arrival at WCU __________________________ Date of departure from WCU: _________________
WCU Facility Destination(s): (List all anticipated WCU departments and buildings to be visited.) __________________________

Technology and technical data: (List all technology to which visitor will be exposed while on the WCU campus, i.e.
microcomputers/processors, digital computers, encryption software, telecommunication/transmission equipment, lasers,
laser sensors, or any information required for the design/development/repair/test/maintenance of any of the above
examples):

___________________________________________________________________________

Please list all WCU faculty/staff that visitor is scheduled to see while on campus __________________________
___________________________________________________________________________
___________________________________________________________________________

Where will visitor be staying while in Cullowhee? _____________________________________________

Approval for Visit

Supervisor Approval: ______________________________ printed name __________________________
signature __________________________________________ date __________________________
Immediate Supervisor
Dean/Vice Chancellor

Provost Approval:
☐ Visit approved
☐ Visit denied - Reason for denial: __________________________

Provost signature __________________________________________ Date __________________________
Visual Compliance met. __________________________________________ Date __________________________
Visual Compliance System User

Date received __________________________

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