INTERNATIONAL TRAVEL APPROVAL FORM: Travel Abroad
(Complete in compliance with University Policy 100)
Western Carolina University
(Revised, May 2009)

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

Faculty/Staff information:

Name ________________________________________

Last __________________ First __________________ MI __________________

Department _____________________________

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

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:**

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<tr>
<th>Printed Name</th>
<th>Signature</th>
<th>Date</th>
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<tr>
<td>Immediate Supervisor</td>
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<td>Dean/Vice Chancellor</td>
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**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: ____________________________________________________________

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**Visual Compliance Approval:**

- [ ] Visual Compliance met

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<th>Visual Compliance Staff Member</th>
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