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:

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<th>Organization</th>
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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: ____________________________