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 ____________________________________ 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/testing/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: _______________________________________________________

☐ Visual Compliance met.  
  Provost signature ______________________  Date ______________________
  Visual Compliance System User ______________________  Date ______________________

Date received ______________________  Page 1 of 1