



International Travel Authorization Form

* Indicates a required field

SECTION A: TRAVELER INFORMATION

Last Name * First Name * Middle Name

myWSU ID * Title (if applicable) Dept/Unit (if applicable) Supervisor (if applicable)

SECTION B: GENERAL TRAVEL INFORMATION

Purpose of Trip: *	<input type="checkbox"/> Conference or Presentation <input type="checkbox"/> Student Recruitment <input type="checkbox"/> Study Abroad <input type="checkbox"/> Other: _____	<input type="checkbox"/> Research <input type="checkbox"/> Vacation/Personal Reasons
Dates of Travel: *		
List all countries you will visit. NOTE: Travel to Crimea-Region of Ukraine, Cuba, Iran, North Korea, Sudan, or Syria may require special approval. *	Countries you will visit:	
Specific Travel Plans (please list all airline, lodging accommodations, etc.): *		

SECTION C: FUNDING INFORMATION

1. Please provide the source of funding for this travel/collaboration (check all that apply): *	<input type="checkbox"/> Grant <input type="checkbox"/> Industry <input type="checkbox"/> WSU Department <input type="checkbox"/> Financial Aid/Scholarships <input type="checkbox"/> Personal Funds <input type="checkbox"/> Other
please provide additional information (e.g., fund #, grant #, etc. for question 1):	

<p>2. Is any of this travel and/or collaboration sponsored by any of the following (check all that apply): *</p> <p>a. A foreign government</p> <p>b. A foreign academic institution</p> <p>c. Any other foreign entity</p>	<div> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <div> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <div> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>
<p><i>if the answer to questions 2(a)-(c) is yes, please explain:</i></p>	
<p>3. Are you receiving any compensation for this trip and/or collaboration from any of the following (check all that apply): *</p> <p>a. A foreign government</p> <p>b. A foreign academic institution</p> <p>c. Any other foreign entity</p>	<div> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <div> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <div> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>
<p><i>if the answer to questions 3(a)-(c) is yes, please explain:</i></p>	
<p>4. Are you receiving any fringe benefits during or as a result of this travel and/or collaboration (e.g., honoraria, gifts, meals, etc.) from any entity, foreign or domestic? *</p>	<div> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>
<p><i>if the answer to question 4 is yes, please explain:</i></p>	
<p>5. Please provide a list of all grant funding for the past 5 years and any anticipated funding that you are aware of (e.g., type, agency, dates, etc.). If you have not had grant funding, type "Not applicable." *</p>	
<p>6. Will any portion of your travel be paid with federal funds (e.g. grants, contracts, etc.)? If yes, your travel must comply with the Fly America Act (49 USC 40118). *</p>	<div> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>

SECTION D: INFORMATION TECHNOLOGY/EQUIPMENT

1. Please provide a list of any WSU data/information/materials/equipment/etc. you plan to take on your trip: *
2. Please provide a list of any electronic devices, either university owned or personal, you plan to take on your trip: *
3. Please provide a list of any needed access to university files, folders, servers, network, etc. you would like during your trip: *

SECTION E: SAFETY AND RISK ASSESSMENT

1. List all [Department of State Travel Advisories](#) for the places you will be visiting. *

City (or state/area) AND Country of Travel	Advisory Level
Examples: Paris, France Kuala Lumpur, Malaysia Colima State, Mexico	Level 2: Exercise increased caution Level 1: Exercise normal precautions Level 4: Do not travel

2. Have you read WSU's webpage on [International Travel Tips](#)? ☐ Yes ☐ No

3. If you have an emergency during your trip and WSU needs to contact a friend or family member, who should we contact? *

Name of Emergency Contact	Phone Number for Emergencies	Email Address	Relationship
Example: Michael Jackson	(316) 555-5151	mjks09887@qq.com	Spouse

4. Will you have access to a cell phone when traveling abroad? ☐ Yes ☐ No

If yes, what is the cell phone number where you can be reached for emergencies?

Cell Phone Number:

Country Code + City Code + Phone Number

5. Please list your emergency contact information below in the event that WSU needs to contact you during your trip. *

City, State/Province, Country	Name of Hotel	Telephone Number (Country Code + City Code + Telephone Number)	Dates of Stay
Example: Hyderabad, Telangana, India Colombo, Sri Lanka	Park Hyatt Hyderabad Sheraton Colombo Hotel	+ 91 40 49491234 + 94 11 7 678000	3/17/2020 to 3/24/2020 3/25/2020 to 3/29/2020

6. University-Sanctioned Student Travel: Per [WSU Policy 8.13](#), a [University-Sanctioned Student Travel Registration Form](#) must be completed by the WSU department approving any kind of university-sanctioned student travel – including faculty-led study abroad trips. Will this trip involve student travel of any kind?*

- ☐ Yes and I will complete the required registration form
- ☐ No

I certify that all information contained in this document and any attached documentation is complete and correct. I understand that the submission of false information is grounds for the denial of my travel request and may subject me to disciplinary action.

Type your name to sign electronically

Date



**DO NOT COMPLETE ADDITIONAL SECTIONS
OF THIS FORM UNLESS REQUESTED**

Complete the Following Section Only if Requested

SECTION F: SUPPLEMENTAL INFORMATION

Please provide the additional requested information. You may attach additional pages to this form, if necessary.

SECTION G: WSU COMMENTS/QUESTIONS (will be completed by reviewer(s))

SECTION H: WSU REQUIRED APPROVALS

(will be obtained by General Counsel once all information is complete)

Department Head:	_____	Date:	_____
Dean:	_____	Date:	_____
Provost:	_____	Date:	_____