



Utah Valley University

INTERNATIONAL GROUP TRAVEL REGISTRATION FORM

For international travel to conferences, presentations, etc. that involves UVU faculty/staff and at least one student.

Please submit no later than six weeks prior to departure.

Please email all completed registration forms to international@uvu.edu

Using the subject line: Group travel registration form- Faculty/Staff name

Hand-delivered forms will not be accepted.

Incomplete forms will not be accepted.

Program Director(s): _____

Phone: _____ Email: _____

Phone: _____ Email: _____

School/College: _____

Department: _____

Nature/Purpose of travel (conference, research, presentation, etc.): _____

1. Program Name: _____
2. City, Country: _____
3. Program Dates: _____
4. Number of Students: _____
5. Are you working with another institution/organization? ____ Yes ____ No

Contact information for academic institutions, centers, or organizations **on site**.

First Contact:

Organization Name: _____

Contact Name: _____

Position/Title: _____

Email: _____ Phone: _____

Second Contact:

Organization Name: _____

Contact Name: _____

Position/Title: _____

Email: _____ Phone: _____

6. **Are there any visa requirements for US citizens for the intended location(s) of travel?**

☐ Yes ☐ No

Example: US citizens are required to obtain a visa in order to study in China at a Chinese institution. Visa processing can take 4-6 weeks.

NOTE: *Any student intending to travel abroad the does NOT hold a US passport is automatically flagged by IMS and brought in for consultation to ensure legal entry and exit of the intended country of travel.*

If yes, please explain:

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If there are multiple cities, print off a copy of this page for each city and include all relevant information.

7. Local emergency contact information.

Local Emergency Number (911 equivalent):

Local Police:

Local Fire:

Local Hospital (Name, Address, Phone)

Local Police (Address, Phone)

US Embassy (Address, Phone, Email) – for International Programs

Other Emergency Contact

8. Please outline an **evacuation plan** for each city in the event of any major emergency (i.e. political unrest, natural disaster, etc.). The local US Embassy will have a copy of the program itinerary as well as participant information (this is forwarded by IMS).

Questions to consider when outlining an evacuation plan are:

- Where will program participants convene or go to in the event of an emergency?
- Will program participants move to an additional location after convening?
- How will students contact their program director in the event of an emergency?

Provide as much detail as possible.

If you would like to view a sample evacuation plan, please email

kelsey.thacker@uvu.edu

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10. Please provide an out-of-pocket budget estimate for each student. Include any costs that are being off-set by grants or donors and specify how the funds will be dispersed.

Student Costs:		Faculty Cost:	
Flight:		Flight:	
Lodging:		Lodging:	
Food:		Per Diem: (B: \$10; L: \$14; D: \$22)	
Transportation:		Transportation:	
Excursions:		Excursions:	
International Travel Insurance (\$20/wk)		International Travel Insurance: (\$20/wk)	
Contingency Fund:		Communication (i.e cell phone rental, see below):	
Program Cost*: Total Faculty Cost/# of students = Program Cost		TOTAL:	
Other		Travel Visa Cost: (if applicable)	
Other			
Other			
Other			
TOTAL:			

Grant/Donation:

Amount:

How it will be dispersed:

Grant/Donation:

Amount:

How it will be dispersed:

Grant/Donation:

Amount:

How it will be dispersed:

If there are multiple cities, please print off a copy of this page for each city and include all relevant information

Dates of Stay:

Lodging:

Name of Location	
Address	
Phone	
Type (hotel, hostel, dorm)	
Total Cost of Stay	

Daily Excursions:

[illegible]

Name: _____

Organization, if applicable: _____

Affiliation/relation (i.e. family member, technician, associate, etc.): _____

Email: _____

Phone: _____

Name: _____

Organization, if applicable: _____

Affiliation/relation (i.e. family member, technician, associate, etc.): _____

Email: _____

Phone: _____

Name: _____

Organization, if applicable: _____

Affiliation/relation (i.e. family member, technician, associate, etc.): _____

Email: _____

Phone: _____

Name: _____

Organization, if applicable: _____

Affiliation/relation (i.e. family member, technician, associate, etc.): _____

Email: _____

Phone: _____

Name: _____

Organization, if applicable: _____

Affiliation/relation (i.e. family member, technician, associate, etc.): _____

Email: _____

Phone: _____

_____ (Initial) I understand that as a UVU employee who will accompany students abroad, the program participants and I must complete a mandatory pre-departure training & orientation and acquire HTH international travel medical insurance through The Office of IMS. Insurance must be processed a minimum of one (1) month prior to departure.

Prior to submitting a Travel Registration form to IMS, Department Chair & Dean or AVP & VP approvals are required:

Academic Affairs-led programs:

Department Chair:

Name

Signature

Date

School/College Dean:

Name

Signature

Date

Student Affairs-led programs:

Immediate Supervisor:

Name

Signature

Date

Associate VP, Student Affairs:

Name

Signature

Date

Vice President, Student Affairs:

Name

Signature

Date