Approval of Student International Travel

New Mexico State University

Accounts Payable - Travel Office

The Approval of Student International Travel Form should be completed by students at least 20 DAYS PRIOR to date of non-personal international travel. The completed forms must be signed by the student traveler and supervising/sponsoring faculty member, and forwarded to International Programs at MSC 3567, Garcia Annex RM 246. Any questions, call (575) 646-7041. NO STUDENT MAY TRAVEL TO COUNTRIES UNDER A CURRENT TRAVEL WARNING. Contact International Programs for more information.

Student Traveler Information			Dannau ID.	
			Banner ID:	
DOB://	Citizenship:		Gender: 🗆- Male 🗅- Fe	male
Contact Numbers (Cell/Home/Work):		/	//	
Email:	Eme	rgency Contact Name:		
Emergency Contact Phone:	Emerg	ency Contact Email:		
Supervising/Sponsoring Fact	ulty Information:			
Name: Depa		rtment:	Prepared Date:	
Contact Number: Email:				
Trip Information:				
Starting Point:	Destination	(s):		
Departure Date and Time: Return Date and Time:				
	onal international travel must be even if the cost at this point is o		w. The index, fund, account numbe	er and
Indov (FORAL)	Eund	Account	Amount (f)	
Index (FOPAL)	Fund	Account	Amount (\$)	
Advisories include Travel A Traveler has attacl	lerts or Travel Warnings. Pleas ned dated copies of warnings is:	e attach a dated copy of th sued by the U.S. Departme	el/cis pa tw/cis pa tw 1168.html. he Travel Warning viewed. ent of State. No student may trav ms (575) 646-7041, for more	
medical advice pertaining to		ne vaccinations are a part	t the Campus Health Center to seel of a series which require complet	
International Health Insuran All students that travel inte The Office of Study Abroad	ce: rnationally as part of a universit	cy-sponsored activity mus in email containing policy	st have international health insura y information an Insurance ID will	
□- Bill to student □- Bill to	Index # above			
Signature:				
Student Traveler Name (Please	Print)	Student Traveler Sig	gnature D	ate

Supervisor/Sponsor Signature

Date

Supervisor/ Sponsor Name (Please Print)

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FOR STUDY ABROAD OFFICE USE ONLY:				
Notification Received Date:/ Received By:				
Waiver Needed (Y/N)? Waiver Signed (Y/N)? Date:/				
Insurance Needed (Y/N)? Type: Type:				
Date Returned to Traveler:/ Input DB: Ins Billed:				
FOR RISK MANAGEMENT OFFICE USE ONLY:				
Notification Received Date:/ Received By:				
Auto Insurance Issued (Y/N)? Kidnap and Ransom Coverage Issued (Y/N)?				
Date Returned to the Office of Study Abroad:/				