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Please scan & email this complete registration form, no later than **one month** prior to departure, to **internationaltravel@uvu.edu**

with the **subject line:**

Group travel registration form-

*Employee Name- Name of Destinations(s)*

**INTERNATIONAL GROUP TRAVEL**

**REGISTRATION FORM**

**FILL OUT THIS FORM IF:** You are a UVU employee and you plan to travel overseas, with **at least one UVU student,** on bona-fide university business.

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 **FOR EASY EDITING USE THE TAB KEY.**

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| --- | --- |
| **A. PROGRAM DIRECTOR***The full-time university employee designated to supervise a student group participating in a university-authorized travel program.****1. PRIMARY PROGRAM DIRECTOR*****Name:** Enter text**Title:** Enter text**Department:** Enter text**School/College:** Enter text**Email:** Enter text**Office phone:** Enter text**Cell phone:** Enter text*List any additional program directors in section C, Travelers***B. PROGRAM****1. What is the reason for travel?** Enter text**2. Dates of UVU-related travel:** Enter text**NOTE**: *Insurance coverage will be based on the dates provided.***NOTE:** *Personal travel and/or vacation time should not be included on this form. Please visit* [*www.geobluetravelinsurance.com*](https://www.geobluetravelinsurance.com)*if you wish to purchase supplemental insurance coverage for yourself.***3. Destination(s) (city, country)**Enter text**4. Are any of the above destinations currently under US Department of State** [**Travel Warning**](https://travel.state.gov/content/passports/en/alertswarnings.html)**,** [**Travel Alert**](https://travel.state.gov/content/passports/en/alertswarnings.html)**, or** [**CDC Warning Level 3**](https://wwwnc.cdc.gov/travel/notices)**?** **a. No [ ]**  **b. Yes [ ]** *If yes, an* [*Exemption Request for Travel*](https://www.uvu.edu/international/electronic_forms/exemption_request_for_travel.pdf) *form must be submitted with this registration form.***C. TRAVELERS****1. Please list the names, email addresses, and UVIDs of all travelers and indicate whether faculty, staff, student, or non-UVU participant:** Enter text | **NOTE:** *University employees are responsible for ensuring GEO has a complete record of all persons who intend to travel in any capacity, in full or in part, with a university-authorized international traveler or travel group.***NOTE:** *All international travelers must ensure that all necessary passport and visa arrangements have been completed prior to the proposed travel date.* **D. OVERSEAS CONTACT INFORMATION****How will the University contact you in the event of an emergency?**Enter text**E. ON-SITE INSTITUTION/ORGANIZATION****Please list the contact information for any organization/individual with whom you are working on-site****Name:** Enter text**Address:** Enter text**Phone:** Enter text**Contact name:** Enter text**Contact email:** Enter text**Contact phone:** Enter text**F. FINANCING****Please indicate if the expenses of this travel are paid in full or in part by university funding, including grants, contracts, cooperative agreements, scholarships, departmental support, etc. Also indicate if this travel receives external funding. Please indicate the amounts.**Enter text**G. ITINERARY****Please provide a day-to-day itinerary.** Enter text |

**H. PROGRAM DIRECTOR RESPONSIBILITIES**

Each program director and program participant must complete international travel registration at[www.uvu.edu/international/resources/forms\_procedures/](http://www.uvu.edu/international/resources/forms_procedures/)

Each traveler must comply with the requirements established in all [university policies](https://www.uvu.edu/policies/manual.html)- including [142](https://policy.uvu.edu/getDisplayFile/5750f45097e4c89872d95678), [251](https://policy.uvu.edu/getDisplayFile/5750cd1d97e4c89872d95636), & [252](https://policy.uvu.edu/getDisplayFile/57bf8f944f5e24384365c47d)

**I. REQUIRED SIGNATURES**

**PROGRAM DIRECTOR**

**Name:** Enter text **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:** Enter text **Signature**

**1ST LEVEL SUPERVISOR**

**Name:** Enter text **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title & department:** Enter text **Signature**

**Date:** Enter text

**2ND LEVEL SUPERVISOR**

**Name:** Enter text **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title & Department:** Enter text **Signature**

**Date:** Enter text

**OFFICE USE ONLY**

**Reviewed by:**

**Date:**

**Cleared for travel?**