

Foreign Travel Notification

Please Submit to Risk Management via

Fax 766-3024, or

Email: risk@uwyo.edu,

or mail to Knight Hall 247

Please provide the following information related to international travel for insurance purposes.

Name of person completing form: _____

Name of Traveler: _____

Dates of Travel: _____

Traveler UW email address: _____

Department: _____

Traveler Status (choose one):

- Faculty
- Staff
- Graduate Student (UW employee)
- Graduate Student (Non-employee)
- Undergraduate Student

Purpose of Travel:

- Conference/Symposium
- Present seminar/paper/lecture
- Research
- Recruitment
- Paid Sabbatical

Collaborative efforts/Exchange

Teaching

Primary Destination Countries: _____

Secondary Destination Countries: _____

Name (s) of travel companions and relationship: _____

Please note that the University international travel insurance doesn't provide coverage for family members or guests who aren't traveling on University business.