

WSU Student Group PROPOSAL 2023-2024

Name of program:

Starting date:

Ending date:

Destination:

Student Leader:

W#

Student Leader phone number (not dept ext)

Number of participants:

WSU Advisor Name

Advisor Phone number

Office Use Only

Index:

Detail Code:

Admin for traveling
department

Student Leader Signature

Date

By our signatures below, we indicate I have approved the program. I also authorize the stated Student Leader to travel.

WSU Advisor Signature

Date

Heather Cimino

Date

_ Study Abroad Director

Date

Please provide the index number that all charges for accommodations and travel are to be reallocated to.

CLERY and State Authorization reporting will be done by the Study Abroad Office. To complete the reports, a full list of students as well as accommodation(s) are needed. Please indicate which areas you are seeking assistance with aside from CLERY and State Authorization. All logistics will be confirmed through the program leader prior to booking them.

Travel - plane tickets, car rental, bus rental, etc...

Purchasing - Credit card/wire transfers

Insurance - health coverage

Admission - Museums, conferences, etc...

Accommodations - hotels etc...

Registration/fee collection from students for participation

WSU STUDY ABROAD PROGRAMS
CONFLICT OF INTEREST DISCLAIMER

Please copy and have every faculty member attending this Study Abroad Program complete this form. For more information on conflicts of interest, please see PPM 3-36.

I hereby certify that I have no actual or potential financial interest or involvement which is, or could be perceived to be, in conflict with the discharge of my duties as a Study Abroad Program Leader at Weber State University.

OR

I hereby declare the following to be an actual or potential financial interest or other involvement which is, or could be perceived to be, in conflict with the discharge of my duties as a Study Abroad Program Leader at Weber State University. Further, I propose that these actual or potential conflicts **of interest be resolved in the following manner (describe conflict and proposed resolution below):**

WSU Advisor

Title:

Program:

Signature:

Date:

Per PPM 3-30b section III. all alcoholic beverages are restricted on University sponsored activities. Any exception to the no alcohol policy will require an internal review. For more information on a possible exception, please contact the Study Abroad Director and fill out the required documents seeking approval. Please sign below indicating you understand and agree to this process.

Student Advisor Signature:

Please provide a detailed daily itinerary to ensure all logistics are covered (location, travel, lodging).

Please indicate the best communication method for you as well as the best time to contact you. We will reach out after receiving this application to ensure satisfaction with your accommodations.

Best Contact Method For individual able to approve accommodations.

Email

Cellphone

Office Ext

Please select the best day(s) to contact you.

Monday

Tuesday

Wednesday

Thursday

Friday

Please indicate the best time of day to contact you.

Morning (8-12pm)

Afternoon (12-4pm)