

WSU Field Trip PROPOSAL 2023-2024

This form should be used for any travel that includes overnight and/or multiple days

Name of program:

Starting date:

Ending date:

Destination:

Program Leader:

W#

Program Leader phone number (not dept ext)

Minimum number of participants:

Maximum number of participants:

Other participating faculty or supervising personnel (name and w#):

Office Use Only

Index:

Detail Code:

Admin for traveling
department

Program Leader

Date

By our signatures below, we indicate we have read and approved the attached materials. We also authorize the stated Program Director to travel.

Department Chair

Date

For Study Abroad Office Only

Study Abroad Director

Date

Senior International Officer

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 Field Trip/Travel Study/Academic travel 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 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 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):

Name:

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.

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

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)

Identify risk management issues (health, safety, liability) which may be unique to the areas being visited; describe how these issues will be effectively addressed in the design of the program. For example: pick pockets, yellow fever, earth quake prone, etc....
