

Once form is complete,
email to Study Abroad with
Student Liability
form.

WSU Field Trip PROPOSAL 2024-2025

This form should be used for any travel that involves students.

COMPLETE HIGHLIGHTED AREAS ONLY

Name of program:

Starting date:

Ending date:

Destination:

Program Leader:

W# N/A

Program Leader phone number (not dept ext)

Minimum number of participants:

Maximum number of participants:

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

N/A

Office Use Only

Index:

Detail Code:

Admin for traveling
department

How many students going to this
conference.

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

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

This portion is not needed unless Study Abroad purchases group airfare or something else

CLERY and State Authorization reporting can be done by the Study Abroad Office. To complete the reports, a full list of students as well as accommodation(s) are needed. 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

CLERY & SARA Form Submission (A full list of the students participating and the address to the lodging is required to complete this task. CLERY is needed if there is an overnight component and SARA is needed if you leave the state of Utah but are in the USA/territories.)

Program will
complete both.
Instructions incl.

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: Graduate 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:

SIGNATURE OF PERSON COMPLETING FORM MUST BE INCLUDED

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

Any bookings done by the Study Abroad office will be reallocated to the designated index on the first page. Any unauthorized charges associated with the program will be covered by the program leader. Keep in mind that nothing should be billed to a hotel room including room service, laundry etc...

Remember to put in a group travel request in Concur and have it approved. For assistance with this, please reach out to erichunter2@weber.edu to get your Concur submitted. A completed copy of this form should be attached to your Concur Request.

All accommodation requests with the program should be directed to Disability Services. Please encourage participants to disclose any potential needs early so appropriate arrangements and reasonable accommodations can be discussed and made in advance. Further details regarding accommodations can be found in PPM 3-34.

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....**

Please provide the course name and CRN. A student list will of attendees will be pulled using this information. Should you have students in this course that are not attending, please reach out to studyabroad@weber.edu and indicate which students will not be going.

Instructions for Clery Form

1- Need address of location where student will be staying.

It will ask for Room # (Can put unknown)

2- Need name and address of Police Dept. whose jurisdiction is the address of the location where the student is staying.

Located on Study Abroad Website

https://www.weber.edu/studyabroad/Off_Campus_Travel.html

Instructions for SARA form

Located in eWeber portal under "Off Campus Activities Preauthorization"

(This form is needed for out of state travel only, but it is a good habit to always include for any travel)

Fill out this form as soon as possible

(Ideally, this will be filled out 6 weeks prior to travel, however, as soon as possible will work. You can ignore the email about the necessity of the 6 week lead time)