

University Related International Travel Authorization for Faculty/Staff

New Mexico State University - Office of International & Border Programs



Travelers **must complete this form no later than 20 days prior to date of university related international travel**. Forward completed forms to the Office of International and Border Programs, New Mexico State University, Breland Hall 152, P.O. Box 30001 – MSC 3567, Las Cruces, NM – 88003. Direct inquiries to (575) 646-7041 or ibp@nmsu.edu. Refer to the NMSU Administrative Rules and Procedures, Rules 14.69, 16.69 and 16.70 (<https://manual.nmsu.edu/policies-and-procedures/>) and the IBP International Travel Procedures web page (<https://ibp.nmsu.edu/international-travel-procedures/>) for more information.

TRAVELER INFORMATION:

Traveler Name: _____ Banner ID: _____ DOB:(m/d/yy): _____ Gender (M/F): _____
 Citizenship: _____ Cell Ph.: _____ Home Ph.: _____ Office Ph.: _____ Email: _____
 Current home address: _____
 Emergency Contact: _____ Relationship to Traveler: _____ Phone: _____ Email: _____
 A copy of the traveler’s passport is attached (*optional*). A copy of the passport has been previously shared with IBP.
 Traveler’s College and/or Department: _____ Direct Supervisor: _____
 Campus Affiliation: NMSU Main Campus; Doña Ana Community College; NMSU Alamogordo; NMSU Grants; NMSU Carlsbad
 Preparer Information (if different from above): Name: _____ Phone: _____ Email: _____
Note: If traveler is accompanied by students, the [University Related International Travel Authorization for Students](#) form must be completed for each student.

TRIP INFORMATION:

Destination City/ies and Country/ies _____ Departure Date/Return Date: _____
 Travel details (flight numbers, rental or bus company, etc.): _____
 Contact Information while abroad: _____
 Check here if any travel destinations are subject to a U.S. Department of State Travel Alert or Warning.
 If checked, read and attach the accompanying U.S. Department of State Travel Alert and/or Warning information.
 Characteristics of This Travel (*check all that apply*):
 Funded by any NMSU entity in whole or in part _____ Organized by any NMSU entity approved through IBP _____
 Within the course and scope of employment as approved by relevant supervisor _____ An essential component of an academic credit-bearing course at NMSU _____
 Purpose of Travel (*check all that apply*):
 Academic/Study _____ Exploratory/Partner Development _____ Fundraising _____ Research _____
 Competition/Performance _____ Faculty Development _____ Visiting Professor/Lecturer _____ Volunteer/Community Service _____
 Conference/Meeting _____ Faculty Led International Program/ Study Abroad _____ Internship _____ Athletics _____
 Provide details about the purpose selected above (name of institution, conference, partner organization, etc.): _____
 Check here if portions of this trip include personal, non-university related travel and, if applicable, indicate the specific times, dates and places of such travel: _____

FUNDING:

Estimated Cost of Travel: \$ _____ Who will be paying for this travel? (Check all that apply.) College; Department; Grant; Other
 If travel costs will be covered through NMSU, please provide the index, fund, account number, and amount to be covered.

Index (FOPAL)	Fund	Account	Amount(\$)

INTERNATIONAL HEALTH INSURANCE:

NMSU requires that faculty and staff purchase supplemental international insurance (see <https://af.nmsu.edu/bpm/bpm-5c/>). Please visit this web page (<https://ibp.nmsu.edu/supplemental-international-travel-insurance/>) and choose a coverage and payment method:
 Coverage choice: GeoBlue -- I want to pay via the Departmental Index above. I want to pay with personal credit card.
 Beta (personal credit card only) *(Call 575-646-7041 to pay with a credit card)*

SIGNATURES:

I acknowledge I have read the information on the IBP web page (<https://ibp.nmsu.edu/international-travel-procedures/>) regarding U.S. Department of State Travel Alerts and Warnings, International Health Insurance, Campus Health Center, Export Controls, and other information.

Traveler (Same as stated above)	Traveler Signature	Date	
	Approve		Deny
Relevant Supervisor Name & Title (Please Print)	Relevant Supervisor Signature	Date	
Supervisor’s Supervisor, if applicable (<i>please print name and title</i>)	Signature	Date	
S Rodrick McSherry, Assoc. Provost, IBP	Signature	Date	