

University Related International Travel Authorization for Students

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:

Name: _____ Banner ID: _____ DOB (m/d/yy): _____ Gender (M/F): _____
 Citizenship: _____ Cell Ph.: _____ Home Ph.: _____ Office Ph.: _____ Email: _____
 Current address: _____
 Emergency Contact: _____ Relationship to Traveler: _____ Phone: _____ Email: _____
 A copy of the traveler’s passport is attached.
 Student's College and/or Department: _____ Advisor/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: _____

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 proposing to travel to a country or region under a [U.S. Department of State Travel Alert or Warning](#). Students are not allowed to travel to such countries without a completed request for an exception to this rule. Visit <https://ibp.nmsu.edu/international-travel-procedures> and complete and attach the required forms. I have attached the completed request for a waiver (if applicable).

Characteristics of This Travel (check all that apply):

- Funded by any NMSU entity in whole or in part
- Within the course and scope of employment of the participant as approved by the relevant supervisor
- Organized by any NMSU entity approved through IBP
- An essential component of an academic credit-bearing course at NMSU

Purpose of Travel (check all that apply):

- Competition/Performance
- Internship
- Volunteer/Service
- Other: _____
- Conference/Meeting
- Research
- Faculty Led International Program

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. If checked, 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 students 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 bill this to my student account.

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.

Student Traveler (Same as stated above)	_____ Student Traveler Signature	_____ Date	_____ _____ Approve Deny
_____ Advisor or Supervisor Name & Title (Please Print)	_____ Advisor or Supervisor Signature	_____ Date	
_____ Supervisor’s Supervisor, if applicable (please print name and title)	_____ Signature	_____ Date	
S Rodrick McSherry, Assoc. Provost, IBP	_____ Signature	_____ Date	