

# 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](mailto: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)

**\*\*\*\*EMERGENCY CONTACT NUMBER\*\*\*\***

**Should an emergency arise, please call (575) 646-3311 for emergency assistance.**

**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	
			<b>Approve Deny</b>
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	