

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
- Organized by any NMSU entity approved through IBP
- Within the course and scope of employment of the participant as approved by the relevant supervisor
- 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.

******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.

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	