

**Domestic/International Travel
Student Trip Form**

Revised 1/2023



Student Trip Insurance Coverage

Who is covered? Full-time and part-time University students while on a trip sponsored by the University.

Coverage: Accidental Medical Expense – Maximum \$1,000.00/Accidental Death and Dismemberment – Principal Sum \$10,000.00

Class Required **University sponsored** **Signed Waivers** **Domestic (USA only):** Return completed form to the Office of Safety

International (Includes Canada and Mexico): Return completed form to the International Center, UND.studyabroad@UND.edu, at least one (1) month prior to program start date. Please list number of pages submitted for this travel. _____

Instructor: _____ EMPLID: _____ Phone Number: _____
 Department: _____ Department Chair: _____

Program Title: _____ Start Date of Travel: _____ End Date of Travel: _____
 Destination(s): _____ Any independent student travel prior to or after these dates is not considered part of the UND program
 Name and Address of Overnight Accommodation (if staying overnight): _____
 Purpose: _____

 Please attach tentative itinerary including contact person(s), address(es), phone #'s, and email addresses if available.

Mode of Transportation:
 To site: _____
 While at site: _____

Student participants – if more space is needed, fill out attached student participant sheet.

Last Name	First Name	EMPLID	Passport #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other participants: program director/instructor, faculty, and staff

Last Name	First Name	EMPLID	Passport #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Approval: I have read and understand the field trip coverage and have relayed the information regarding coverage to the students that will be
 Traveling Instructor: _____ Date: _____
 Department Chair: _____
 Dean: _____
 Department of International Programs: _____

A. Total Students	_____
B. Total Other	_____
C. Total Days	_____

