Email completed application to the Dean of Curricular & Faculty Development at thorpe@iwu.edu.

FACULTY-SPONSORED (ACADEMIC) STUDENT TRAVEL: APPLICATION

(REQUIRED) *For IWU students requesting to participate in a domestic (local or otherwise) conference, performance, or exhibition – these requests must be submitted to the Thorpe Center at least 10 business days prior to the proposed travel date and approved prior to any travel occurring. Students, please fill out all fields below to the best of your ability in consultation with your Faculty Sponsor. Guidelines for all items related to Faculty-Sponsored Student Travel, including reimbursement processing, can be found on the Thorpe Center's website. Email thorpe@iwu.edu with any questions or concerns you may have.*

I. Basic Student Information

Date of Request: _____ Full IWU ID #: _____

Full Name: _____

Current Address: _____

IWU Email: _____@iwu.edu Cell Phone #: _____

II. Basic Travel Information

Dates of Proposed Travel: _____ *through* _____

Will this trip involve an overnight stay off-campus? ☐ *Yes* ☐ *No*

Destination of Proposed Travel: _____

Anticipated Round-Trip Mileage (*total distance traveled to & from IWU/Bloomington*): _____miles

Purpose of Proposed Travel: _____

Do you plan on using either a University-vehicle or a personal vehicle during proposed travel?

☐ **Yes (personal vehicle)* ☐ **Yes (University-vehicle)* ☐ *No, I don't plan to drive.*

*If you are planning to drive during this travel, will you be transporting any other IWU-affiliated individuals (e.g., IWU students, IWU faculty, etc.)? ☐ *Yes* ☐ *No*

*If you are planning to drive during this travel, will you be requesting reimbursement for any personal mileage driven? ☐ Yes ☐ No

III. Travel's Risk

Please indicate which of the following statements is applicable to the proposed travel:

☐ This will be a routine trip with non-hazardous learning experiences*
(**marking this statement indicates that the student should fill out and submit a "BASIC RISK" waiver with this application*)

☐ This will be a trip involving activities with heightened safety considerations**
(***marking this statement indicates that the student should fill out and submit a "HEIGHTENED RISK" waiver with this application*)

Describe any anticipated risks associated with proposed travel: _____

_____

_____

IV. Travel's Financing

Is the student requesting funds from IWU's Thorpe Center for this trip? ☐ *Yes* ☐ **No*

**Note*: *If the student is not requesting funds from the Thorpe Center, then the rest of section IV can be skipped.*

Anticipated Travel Expenses:

$_____ for Public Transportation (*e.g., airfare, trainfare, etc.*)

$_____ for Local Transportation (*e.g., taxi, rideshare, etc.*)

$_____ for Gas

$_____ for Lodging

$_____ for Meals

$_____ for Conference Registration

$_____ for Other Expenses (*please specify on the lines below*)

_____

_____

_____

$_____ ***(Grand total for anticipated expenses)***

_____

V. Faculty Sponsor Information

Name of Faculty Sponsor for this student: _____

Amount of support Sponsor recommends for this student (**if applicable*): **$**_____

Will you be accompanying this student on their proposed travels? ☐ *Yes* ☐ *No*

_____ _____

(Signature of Faculty Sponsor) *(Date of Approval)*

VI. Final Submission Checklist

(must be completed before submitting application*)**

☐ *Student has procured a Faculty Sponsor's approval, guidance, & signature for this travel and application

☐ Student has completed & attached their Emergency Contact form

☐ *Student has obtained & attached a letter of support from their Faculty Sponsor

☐ *Student has reviewed, signed, & submitted the appropriate release/waiver

☐ *Student has obtained & attached their proof(s) of presentation/performance/exhibition (e.g., program, acceptance letter/email, etc.)

☐ *Student has completed at least 15 credit units at a postsecondary institution

☐ *Student is at least 18 years of age

☐ *Student acknowledges that they are prepared to fully participate in this program, and, if needed, have discussed any accommodations with their Faculty Sponsor and/or IWU's Office of Student Accessibility Services

☐ *(*If transporting other IWU-affiliated individuals or requesting personal mileage reimbursement*) Student acknowledges that they have completed the required vehicle trainings through IWU for this trip

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VII. Student's Signature

Student Agreement: *I, the undersigned student, acknowledge that I have read, understand, and agree to the terms and conditions of participating in IWU-affiliated, Faculty-Sponsored Student Travel (Academic), as outlined in IWU's Faculty Development Handbook, and have compiled all of the necessary information in this application to the best of my knowledge and in consultation with my chosen Faculty Sponsor.*

_____ _____

(Signature of Student) *(Date of Submission)*

****FOR INTERNAL-USE ONLY**** – ***DO NOT WRITE BELOW THIS LINE***

Approved Amount of Thorpe Funding for Student:
(total amount for the current Academic Year)

UP TO **$**

_____ _____

Dean of Curricular & Faculty Development *(Date of Dean's Approval)*

EMERGENCY CONTACT FORM

(VOLUNTARY)

The information provided on this form will allow your emergency contact to be quickly informed in the case of an emergency and alleviate unnecessary concern. Although it is not required to provide the information below, it is recommended that students submit this form when embarking on any IWU-affiliated travels..

Personal Information:

Full Name: _____

Primary Phone #: _____ Alternate Phone #: _____

Email: _____

Emergency Contact:

Name: _____

Address: _____

Primary Phone: _____ Alternate Phone: _____

Email: _____
