

## **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](mailto:thorpe@iwu.edu) with any questions or concerns you may have.

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#### **I. Basic Student Information**

Date of Request: \_\_\_\_\_ Full IWU ID #: \_\_\_\_\_

Full Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

IWU Email: \_\_\_\_\_@iwu.edu      Cell Phone #: \_\_\_\_\_

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#### **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: \_\_\_\_\_

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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.

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### **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: \_\_\_\_\_

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### **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)

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\$ \_\_\_\_\_ (Grand total for anticipated expenses)

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## **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 in the previous section of this 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, & attached 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](#)

\_\_\_\_\_ \*Student acknowledges that they will not transport themselves, or other students, during this trip, unless they have completed the appropriate approvals/applications/trainings with IWU's Physical Plant office

Email completed application to the Dean of Curricular & Faculty Development at [thorpe@iwu.edu](mailto:thorpe@iwu.edu).

## **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.*

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*(Signature of Student)*

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*(Date of Submission)*

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

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

\$

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*Dean of Curricular & Faculty Development*

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*(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..*

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### **Personal Information:**

Full Name: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

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### **Emergency Contact:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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