

INSTRUCTIONS FOR COMPLETING Domestic/International Travel - Student Trip Form



General Information

- Coverage under the Student Travel Policy is \$1,000 for medical and \$10,000 accidental death or dismemberment.
- Student Travel Policy is for full-time and part-time students on a University sponsored event whether it is a domestic or international travel.
- There is a separate policy (Study Abroad Insurance) to cover students traveling overseas as part of a University sponsored program. For information regarding this policy, contact the Office of International Programs at 7-6438, or see the information online at: www.und.edu/dept/oip/html/documents/CISICoverage.pdf
- Exclusion from this coverage would be injuries while traveling in any aircraft.
- There is no coverage under the Student Travel Policy while performing Nursing Aide duties.
- Travel to CANADA and MEXICO is considered INTERNATIONAL travel.
- Students who wish to do independent travel prior to or after the University sponsored event are not covered under this policy during this time.
- Forms can be retrieved from Campus Safety & Security web site: <http://www.safety.und.edu/riskmanagement/index.html>

Completing the form

- Please check on the form whether Domestic (USA Only) or International (inc. Mexico & Canada) travel.
- Please indicate on the form how many pages of travel information are being submitted to Campus Safety and Security or the Office of International Programs.
- Must list all faculty attending field trips with their phone numbers.
- Must list all students with their EMPLIDs.
- Must list all chaperones/volunteers with their social security #'s. Chaperones and volunteers are covered only if they are listed separately and their social security #'s are included.
- Please fill out the Student Participants List Sheet with the names of the students that will be traveling, EMPLID, Passport Number (if it is International travel).
- Must list purpose of the trip.
- Trips that include skiing, canoeing, rafting or other high risk activities are not covered under the current Student Travel policy. These types of activities must have prior underwriter approval in order for coverage under this policy. Additional premium at the expense of the traveler is often required, and approval may not be granted.
- Attach a tentative itinerary if possible.
- Must be approved and signed by the Department Chair and Dean prior to travel.
- **Domestic** travel forms must be submitted to **Campus Safety & Security**, Box 9031 or Fax 7-4132 **PRIOR** to TRAVEL. **International** travel forms must be submitted to the **Office of International Programs**, Box 7109, or Fax 7-4773 at least 30 days **PRIOR TO TRAVEL**.

Domestic/International Travel Student Trip Form



Student Trip Insurance Coverage

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

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

- Domestic (USA Only):** Return completed form to Campus Safety & Security.
- International (Includes Canada and Mexico):** Return completed form to the Office of International Programs, Box 7109, one month prior to program start date.

Please list # of pages submitted for this travel.

Instructor: _____	EMPLID: _____	Phone: _____
Department: _____	Dept. Chair: _____	

Program Title: _____	Program Start Date: _____
Program Site(s): _____	Program End Date: _____
Any independent student travel prior to or after these dates is not considered part of the UND program.	
Purpose: _____	

Please attach tentative itinerary including contact person(s), address(es), phone numbers, and e-mail addresses if available.

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

Student Participants: Please fill out attached participant sheet.

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

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

If more space is needed, attach a complete list of all students with the above information.

Other participants including volunteers and chaperones:

Last Name	First Name	Social Security #	Passport #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If more space is needed, attach a complete list of all students with the above information.

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 _____	Date _____
Dean _____	Date _____
Department of International Programs _____	Date _____

Office Use Only

A. Total Students	_____
B. Total Other	_____
C. Total Days	_____
D. Total (A + B) X C	_____