

**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	_____

