Wang Center for Global Education Travel Waiver Form
Pacific Lutheran University

Please complete the following information with regards to your plans for independent travel following the conclusion of a Pacific Lutheran University Study Away Program.

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This will acknowledge my decision to travel independently following the conclusion of Pacific Lutheran University’s (PLU) semester/j-term study program in _______________________. In doing this, it is my understanding that I am not considered part of the official study away program and am fully responsible for my actions. I further hold Pacific Lutheran University, its employees and agents harmless in terms of any accidents or incidents that may occur to me or involve me during my separation from the program.

I also understand that any additional costs (example: transportation, meals and housing) will be my responsibility to pay and that all arrangements are my responsibility to arrange. I further understand that PLU’s travel insurance has a personal sojourn extension that provides coverage if the student has personal travel in conjunction with the institution-sponsored trip. There is no limit to the number of days that can be added to the trip. Personal travel includes travel to countries other than the country of study.

Print Name ____________________________________________________________
Signature __________________________________________________________________________
Date _______________________________________________________________________

Site Director or On-Site Program Staff Assistant __________________________________________
Signature __________________________________________________________________________
Date __________________________________________________________________________

OPTIONAL:

Describe your plans:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Dates Traveling: ________________________________________________________________

Expected Date and Time of your Return: ______________________________________________

Contact Name, Address, and Phone Number of Place you will Stay: ________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Name(s) and Contact Cell Phone Numbers of Traveling Companions: ________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Means of travel (e.g. train, bus, airplane, etc): ________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

This form must be completed prior to travel and presented in person to the Program Site Director and faxed to the Wang Center for Global Education at Pacific Lutheran University. Fax: 253-535-8752

Revised May 2010