


OTHER TRAVELERS

Please provide the names of any other travelers or individuals you will be working with during the trip:

Name: _____ Phone: _____ Affiliation: _____

Name: _____ Phone: _____ Affiliation: _____

Name: _____ Phone: _____ Affiliation: _____

Name: _____ Phone: _____ Affiliation: _____

Name: _____ Phone: _____ Affiliation: _____

ITINERARY

Please provide a complete itinerary of your travel, including all departure/arrival dates, airline flight #'s, locations, and modes of transportation.

SAFETY & SECURITY ASSESSMENT

The U.S. Department of State website is www.travel.state.gov and lists country specific Travel Advisory for U.S. citizens. Please summarize (do not copy/paste) the current U.S. Department of State Travel Advisory for your location.

1. With regard to current U.S. Department of State Travel Advisory and your own health/safety/security assessment of the proposed location, what risks might you encounter while traveling?
2. What specific steps will you take to mitigate these risks? What is your emergency plan as it relates to natural disasters, civil/political unrest, and medical emergency related to accident or injury? Please be as specific and detailed as possible.
3. Describe your level of familiarity with the proposed location. Include professional connections, family living there, language abilities, familiarity with culture, experience visiting/living/working there, etc.

COVID-19 ASSESSMENT

1. Have you received the appropriate immunizations and/or are aware of any required test results necessary to meet the country's entry requirements, including the COVID-19 vaccination?
 2. Describe your plan or course of action there,
-

NECESSITY OF TRAVEL

1. Why must the travel take place at the proposed location?

2. Could you engage in a similar or alternate program in a different location?

3. How is the travel critical to the mission of the University?