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Pleaseprovide the names of any other travelers or individual syou will be working with during the trip:					
Phone:	Affiliation:				
Phone:	Affiliation:				
Phone:	Affiliation:				
Phone:	Affiliation:				
Phone:	Affiliation:				
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ITINERARY

Pleasprovidea completeitinerary of your travel, includingall departure/arrivaldates, airline flight #'s, locations, and modes of transportation.

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SAFETY& SECURITYASSESSMENT

	S.Departmentof Statewebsiteis www.travel.state.go and lists country specific Travel Advisory for UScitizens summarize (do not copy/paste) the current U.S.Departmentof State Travel Advisory for your location.
1.	With regardto current U.S.Departmentof StateTravelAdvisoryand your own health/safety/security assessment the proposed location, what risks might you encounterwhile traveling?
2.	What specificstepswill 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 accidentor injury? Please as specificand detailed as possible.
3.	Describeyour level of familiarity with the proposed location. Include profession abonnection family living the relanguage abilities familiarity with culture experience is iting/living/work in the proposed location. Include profession abonnection family living the relation that the proposed location. Include profession abonnection family living the relation familiarity with the proposed location. Include profession abonnection family living the relation family living the relat
COVIE	Dr19ASSESSMENT
1.	Haveyou received the appropriate immunization and/or are aware of any required test results necessary to meet the country's entry requirements, including the COVID 19 vaccination?
2.	Describeyour plan or courseof action there,

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	Whymustthetraveltakeplaceattheproposedlocation?
2.	Couldyouengagen a similaror alternaterogramin a different ocation?
3.	Howisthetravebriticatothemission of the University?

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