

Request for Exception to Travel Restrictions

This worksheet is required when a student or employee is submitting a petition for permission to travel to a high risk destination and may be completed for individual or group travel. Completed forms should be submitted to the International Students Services Office (ISSO) for student travel or the employee's division Vice President for employee travel.

Traveler or Trip Leader				
Name	Request Date			
Sponsoring Department/ Organization	Contact information (include telephone number and email address)			
Affiliation	Undergraduate Student	Graduate Student	Faculty	Staff

For group travel, insert number of travelers next to the appropriate affiliation	Undergraduate Student	Graduate Student	Faculty	Staff
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Itinerary and Transportation	
Travel Dates	Mode of transport to destination
Destination(s) (indicate travel within host country as well)	Mode of transport while in the region

Traveler Contact Information at Destination	
Contact information (include telephone number and email address)	Physical Address

Partner or Host Organization (if applicable)	
Name	Website
Contact information (include telephone number and email address)	Physical Address

Purpose and necessity of travel to this destination
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Health, safety, and security risks at destination

Risk management strategies to be employed (attach existing emergency plans if available)

Medical and emergency travel assistance/evacuation coverage description

Local Emergency Services Number (911 at the destination)

Project Director or other onsite contact

Name and title

Contact information (include telephone number and email address)

Contact at CCS in case of emergency

Name and title

Contact information (include telephone number and email address)

Health Insurance

Carrier name

Policy number

International phone number

Travel Assistance and Evacuation Provider	
Carrier name	
Policy number	International phone number

U.S. Embassy or Consulate	
Name	Contact information (include telephone number and email address)

Local Hospital/Clinic	
Name	Telephone
Address	Website (if available)

In signing this form, I agree to abide by all College policies and procedures related to travel and assert that travel to this destination is necessary. I verify that I have researched emergency response options at the destination(s) and am prepared to follow the risk management strategies detailed on the form.

Employee Signature	Date
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Department Approval

In signing this form, I confirm the necessity of travel to this destination and approve this request for travel.

Chair Signature	Date
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Vice President/International Student Services Office Approval

In signing this form, I approve this request for travel.

Chair Signature	Date
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