

## 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.

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

|   |                       |                  |         |       |
|---|-----------------------|------------------|---------|-------|
| <b>For group travel, insert number of travelers next to the appropriate affiliation</b> | Undergraduate Student | Graduate Student | Faculty | Staff |
|---|-----------------------|------------------|---------|-------|

|  |                                       |
|--|---------------------------------------|
| <b>Itinerary and Transportation</b>                          |                                       |
| Travel Dates   | Mode of transport to destination      |
| Destination(s) (indicate travel within host country as well) | Mode of transport while in the region |

|  |                  |
|--|------------------|
| <b>Traveler Contact Information at Destination</b>               |                  |
| Contact information (include telephone number and email address) | Physical Address |

|  |                  |
|--|------------------|
| <b>Partner or Host Organization (if applicable)</b>              |                  |
| Name   | Website          |
| Contact information (include telephone number and email address) | Physical Address |

|  |
|--|
| <b>Purpose and necessity of travel to this destination</b> |
|  |

**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 |
|---------------|----------------------------|

|  |                            |
|--|----------------------------|
| <b>Travel Assistance and Evacuation Provider</b> |                            |
| Carrier name                                     |                            |
| Policy number                                    | International phone number |

|                                  |  |
|----------------------------------|--|
| <b>U.S. Embassy or Consulate</b> |  |
| Name                             | Contact information (include telephone number and email address) |

|                              |                        |
|------------------------------|------------------------|
| <b>Local Hospital/Clinic</b> |                        |
| Name                         | Telephone              |
| Address                      | Website (if available) |

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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/Student Signature | Date |
|----------------------------|------|

### Department Approval

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

|                          |      |
|--------------------------|------|
| Chair/Director Signature | Date |
|--------------------------|------|

### Vice President/International Student Services Office Approval

In signing this form, I    approve    do not approve this request for travel.

|                               |      |
|-------------------------------|------|
| VP or ISSO Director Signature | Date |
|-------------------------------|------|

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**VP or ISSO Director Comments**