

**REQUEST FOR APPROVAL OF TRAVEL TO COUNTRY UNDER  
U.S. DEPARTMENT OF STATE TRAVEL WARNING OR ALERT  
System Procedure 5.19.3 Part 10, Subpart D.**

**Instructions:** Submit completed form with attached copies of applicable Travel Warnings/ Alerts to the college or university president or chancellor. This form is no longer required to be submitted to the Vice Chancellor Finance, but should be retained at the college, university, or system office.

Form will be returned to requester as approved or not approved with explanation.

1. Name of College, University, or System Office Division submitting request:

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2. Name(s), title, phone number and e-mail address of all system employees requesting to travel pursuant to this request:

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3. If travel is approved, identify (name, title, phone number(s)) campus/system contacts who will have detailed itinerary while travel is in progress:

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4. Identify the approximate number of other participants in this trip and whether they are students or others (e.g., volunteers, community members, family members, etc):

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5. Course/Program Title (if applicable); anticipated dates of travel:

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6. List all travel destinations (city and country) and anticipated schedule:

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7. List all U.S. Department of State Travel Warnings or Alerts for each country and/or region to which travel is planned (include any country or region subject to a warning or alert through which land travel is planned) and date of each warning or alert; ***attach a copy of each warning or alert to this form***. Indicate whether the country/region has been subject to previous warnings/alerts and the dates or other information about such, if known:

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8. Address the following considerations listed in System Procedure 5.19.3:

- a. The academic, professional development, or business purpose of the travel and the identity of the foreign travel host or sponsor, if any:

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- b. The benefits of the travel to the system and the participants and the importance of the trip to the mission of the college, university or system:

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- c. Whether the objectives of the proposed travel could be accomplished in an alternative location that is not subject to a travel warning:

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- d. The ability to evacuate system travelers if necessary; include description of emergency communication and evacuation plans; list emergency evacuation insurance provider (required). Note: *evacuation insurance covering medical emergencies, natural disasters and other emergency situations will be required* if travel is approved – consult risk management for assistance, if necessary.

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- e. The proximity of the proposed travel to a location within a country or region identified by the Department of State as a safety concern:

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- f. Other steps not included above that are planned to manage risks described in travel warning or alert:

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- g. Describe plan for informing potential participants of travel warning/alert if travel is permitted and how on-going monitoring of warnings/alerts will occur:

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- h. Any other information pertinent to health or safety considerations for this proposed travel including, but not limited to: information about how other colleges and universities are handling travel to this location, if known:

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**Note:** The chancellor or a college or university president is authorized under System Procedure 5.19.3, Part 10 Subp. F. to suspend system-related international travel at any time, including while it is in progress, if significant health or safety concerns arise. Individuals who are authorized to travel internationally are responsible for maintaining contact with appropriate system officials to permit communication in the event of such a situation. **Department of State registration will be required to facilitate official communication about safety conditions abroad: <http://travel.state.gov/> (Smart Traveler Enrollment Program (STEP))**

**If approved, must consult the OGC for assistance in drafting an appropriate liability release.**

Submitted by:

\_\_\_\_\_  
Print name of Designated Campus Administrator

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Circle: Approved / Not Approved:**

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President or Chancellor Signature

\_\_\_\_\_  
Date

**If not approved, list additional information required for reconsideration, if applicable:**

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