

## Academic Affairs International Travel Approval—Faculty/Staff/Student

### Request to Travel to a Restricted Destination

JSU's International Travel Risk Committee (ITRC) reviews requests for travel of faculty or staff to destinations designated as Level 3 and Level 4 by the Department of State and/or CDC and makes a recommendation on risk to the Provost, who will in turn discuss this travel with the President, who makes the final decision on approval for international travel. Prior to seeking international travel authorization in Chrome River, check your destination on the [Department of State Travel Advisories](#) list and [CDC Travel Advisories list](#). If it is listed as Level 3 or Level 4 on either of these lists, please submit a completed Academic Affairs International Travel Approval—Faculty/Staff form along with any supporting documentation to [ckhadka@jsu.edu](mailto:ckhadka@jsu.edu).

Submission of this request with supporting documents does not guarantee travel approval. The ITRC recommends that no travel arrangements be made until the final written approval is issued for the travel to the requested destinations.

Find below resources to review before completing this appeal form:

1. [Department of State Travel Advisories](#)
2. [U.S. CDC Information on Travel](#)
3. [Health Information for International Destinations](#)
4. [World Health Organization on Emergency and Disease Outbreaks](#)
5. Health, Safety, COVID-19 safety protocol, emergency response plan and other local guidance of the host institution
6. [JSU policy](#) on program cancellations
7. Coverage provided by your travel insurance provider especially regarding the international on-call services, medical evacuation, and repatriation.

Note: This process applies to academic or business travel arising from your position at JSU, not your personal travel. When traveling as part of Study Abroad, please follow Study Abroad approval process.

### A. Traveler's Information

Name \_\_\_\_\_  
JSU ID Number \_\_\_\_\_  
Department \_\_\_\_\_  
College \_\_\_\_\_  
JSU Email \_\_\_\_\_  
Phone Number \_\_\_\_\_ (JSU Office) \_\_\_\_\_ (Personal)

### B. Travel Details

Destination(s) (Country and City; please cite all.)  
\_\_\_\_\_  
\_\_\_\_\_

Purpose of Travel (e.g, Study Abroad, Research, Conference, International recruitment & partnership development, Other?)  
\_\_\_\_\_

1. Describe the activity/project that necessitates this travel.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What is the academic purpose and what are the goals of the travel?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What is the compelling academic reason that this travel must take place at the proposed location, despite current risks?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Exact/Proposed Date of Departure

Exact/Proposed Date of Return

\_\_\_\_\_

\_\_\_\_\_

Travel by (check all that apply):

Flight     Sea Vessel     Public Transportations in the destination (s)     Rental Vehicle

*\*It is Program Leader's responsibility to notify all participants, study abroad providers, department chair and/or Deans of the ITRC's final decision.*

**C. Funding Source(s)** (Check all that apply):

JSU Internal Grant     External Grant     Department     Provost  
 Dean     Personal     Other (Specify) \_\_\_\_\_

**D. Emergency Contacts**

This information must be accurate and up to date. Any changes in contact after the submission of the forms will need to be emailed to [ckhadka@jsu.edu](mailto:ckhadka@jsu.edu), plus dept. head and dean.

Provide all phone numbers with country codes. (e.g., London, UK number would be 011 44 20-xxxx-xxxx)

US Emergency Contact: Contact 1	_____	Contact 2	_____
Name:	_____		_____
24/7 Phone:	_____		_____
Email:	_____		_____
Relationship:	_____		_____

Emergency Contact in Destination(s)	Contact 1	_____	Contact 2	_____
Name:		_____		_____
24/7 Phone:		_____		_____
Email:		_____		_____
Relationship:		_____		_____

**E. COVID- 19 Risks and Mitigation Strategies**

1. What do the CDC and U.S. Department of State advisories all say about your destination country?

CDC: \_\_\_\_\_

US Department of State: \_\_\_\_\_

2. Is there a quarantine requirement upon arrival? If yes, what is your plan?

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3. What are the country's entry and exit restrictions for travelers from the U.S.?

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4. What is the vaccination/booster requirement in your destination?

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5. What commercial flights to and from the country are available?

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6. How accessible is testing? Is it free and nearby your program location? Provide the cost and location of testing.

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7. What personal protection equipment will you be travelling with? (Masks, gloves, thermometers etc.)

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8. Upon return to the U.S., how you will you manage any self-isolation or quarantine requirements by CDC?

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9. If applicable, what academic adjustment has your program made due to COVID-19? (Such as wearing masks, social distance, moving meetings/courses fully or partially online etc.)

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## **F. Justification to Travel**

Please provide detailed and clear answers to the questions below. In the event that any questions are not answered in detail, the appeal will be returned or denied.

1. What is your level of familiarity with and support at the proposed destination (e.g., extensive travel experience, professional networks, family connections, language proficiency, relevant experiences, etc.)?

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2. What is your plan in an emergency? (Include any on-site support that you will from others or that you have arranged.)

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3. What is your plan for lodging? If finalized, provide physical addresses and name of facility where you and will be based.

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4. Describe how you plan to travel within the region and day-to-day.

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5. Describe any known field trips or anticipated excursions to other locations outside your main location.

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## **G. Traveler Risk Mitigation**

***Please read each item, and as acknowledgment, type your initials in the blank space by each statement if you acknowledge and agree.***

### 1. Risk Notification Statement

The International Travel Risk Committee must review countries designated as Level 3 - Reconsider Travel or Level 4 - Do Not Travel, by the U.S. Department of State or CDC Travel Advisories and make recommendations to the Provost and the President for final decision on the travel.

It is important you REVIEW, UNDERSTAND AND CAREFULLY CONSIDER the following risks:

- The nearest US Embassy may temporarily close and/or suspend public services for security reasons and/or to comply with public health guidance related to COVID-19. Emergency assistance may not be available if needed.
- If there is a need to evacuate in an emergency, flights may be suspended, and other departure or shelter-in-place options may be limited or non-existent.
- Any countries you may travel through at any point during your trip (including countries with layover) may enact restrictions, including entry bans and lockdowns, at any time on short notice.
- Access to hospitals, emergency medical care, and medications may be limited or non-existent.
- JSU and/or the contracted service providers may not be in a position to provide emergency assistance.
- Travel to restricted destination has inherent risks, which may include but not limited to dangers to health and personal safety, minor and major physical injuries, emotional and psychological injuries inflicted accidentally or intentionally by others, catastrophic injuries, including paralysis and death, kidnapping, etc. posed by natural disaster, disease, terrorism, crime, civil unrest, and/or violence. Extreme and general risks can never be completely eliminated.
- There may be additional health, safety, and security factors that have not been brought to your attention by JSU.

\_\_\_\_ I have read and understand the statements above. *Please initial.*

### 2. Liability Release/Waiver Forms

Each participant must agree with the Liability Release/Waiver Agreement and COVID-19 Waiver Agreement.

\_\_\_\_ I have reviewed and agreed to the terms listed in the Liability Release/Waiver Agreement. *Please initial.*

\_\_\_\_ I have reviewed and agreed to the terms listed in the COVID-19 Acknowledgement Form. *Please initial.*

### 3. Voluntary Participation in Travel

JSU will not require students, faculty, or staff to travel to a restricted destination. Any participation in travel to a restricted destination is strictly voluntary and the traveler assumes full responsibility for all risks associated with this travel.

\_\_\_\_ I have read and understand the statement above. *Please initial.*

**4. ITRC Right to Withdraw Approval**

In the event of approval, JSU retains the right to withdraw approval and/or require return to the U.S. This may occur if there is a change in the proposed itinerary, the critical nature of the trip, or the health, safety, and security climate in the travel destination.

\_\_\_\_ I have read and understand the statement above. *Please initial.*

**5. Smart Traveler Enrollment Program (STEP)**

[STEP](#) provide Americans travelling abroad important information that could impact their safety and security. Registering your travel with the U.S. Department of State's STEP allows the U.S. Embassy to know you are in the country and assist you in an emergency. Registration is highly encouraged. If you are non-U.S. citizen, you are encouraged to check on your embassy's webpage for travel registration process.

\_\_\_\_ I have read and understand the statement above and will enroll in STEP. *Please initial.*

**6. Travel Insurance**

Faculty/Staff shall ensure that they have proper travel insurance prior to their departure and submit proof of insurance to [ckhadka@jsu.edu](mailto:ckhadka@jsu.edu). The insurance must cover the entire duration of the trip. Travel insurance is separate from your health insurance.

\_\_\_\_ I have read and understand the statement above and agree to purchase travel insurance and to present proof of insurance prior to departure. *Please initial.*

**7. Penalties for Violation of JSU's International Travel Recommendation or JSU policies.**

JSU reserves the right to withhold reimbursement and/or take other disciplinary actions for non-compliance with JSU's International Travel Recommendation and JSU policies.

\_\_\_\_ I have read and understand the statement above. *Please initial.*

**H. Please provide any additional comments that may be useful to the ITRC in reviewing your request.**

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**I. Signatures and Submission**—When you have completed this document up to this point, please print a copy for signatures. Once signed and initialed as directed, please deliver the original to Ms. Khadka-Walsh at the International House or scan and email a copy to her at CKhadka@jsu.edu.

<b>1. Participant:</b>	Name	Date	Signature
	_____	_____	_____

**2. Approving Authorities:**

The faculty/staff member must inform the Department Head/ /Supervisor and Dean of this request and request a signature. By signing, the Department Head/Supervisor and Dean acknowledge awareness of the planned travel and support for this request of review, along with tentative approval of the travel.

**A separate request for travel authorization must also be completed if student/faculty/staff expects to use university funds and/or grant funds on their trip as per the process within the college/department, currently Chrome River.**

Dept. Head/Supervisor

Dept./Unit	Name	Date	Signature
_____	_____	_____	_____

Dean

College	Name	Date	Signature
_____	_____	_____	_____

Comments (optional):

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***\*It is faculty/staff member’s responsibility to notify Dept. Head/Supervisor and Dean of the ITRC’s final recommendation and upon approval, to send the travel request through the remainder of JSU’s Travel Approval Process in Chrome River.***



*This section is to be completed by the ITRC committee, the provost, and the president after review.*

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**J. Recommendation and/Decision**

**1. International Travel Risk Committee:**

\_\_\_ Approved      \_\_\_ Denied      \_\_\_ Postponed review to \_\_\_\_\_

Comments (Optional)

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Name of the Chair: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

**2. Provost and Senior Vice President of Academic Affairs:**

\_\_\_ Approved      \_\_\_ Denied

Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

Comments (Optional)

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**3. President:**

\_\_\_ Approved      \_\_\_ Denied

Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

Comments (Optional)

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