

The University of Texas at Arlington
University International Oversight Committee
Request to Travel to Restricted Regions for Faculty-Led Programs

Instructions: Please complete all pages of this form (attaching additional pages, if necessary) and bring to the appropriate administrators for signatures. Submit all documentation to the International Oversight Committee (IOC) **at least 4 weeks in advance of proposed travel**. You can fax to 817-272-5005 or scan and e-mail all required materials to Jay Horn at the Office of International Education at horn@uta.edu. (Emailed submissions preferred).

Faculty Leader Details

Name	<input type="text"/>		
Title	<input type="text"/>	Department	<input type="text"/>
UTEID	<input type="text"/>	Phone	<input type="text"/>
Email	<input type="text"/>		

Description of Program & Travel

Title and Course number(s) of Proposed program	<input type="text"/>
Location (Country and Cities - Be specific)	<input type="text"/>
Exact Dates of Proposed Travel	<input type="text"/>

Required Signatures

Faculty Leader Signature _____ Date

Academic Chair Signature _____ Date

Name	<input type="text"/>		
Department	<input type="text"/>	Phone	<input type="text"/>
Email	<input type="text"/>		

Dean Signature _____ Date

Name	<input type="text"/>		
Department	<input type="text"/>	Phone	<input type="text"/>
Email	<input type="text"/>		

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Faculty Leader's Emergency Contact Information While Abroad

Please provide the appropriate information that UTA and/or outside sources may use to communicate with you in the event of a crisis:

Traveler name as it appears on Passport

Phone number(s) where traveler can be reached internationally

Physical Address of all accommodations while abroad

US Emergency Contact Information While Abroad

Please provide information for your chosen contact person to use in the event of an emergency or crisis:

Name

Relation to Traveler

Email

Phone Numbers (cell/work/home)

Physical Address

UTA Departmental Contact

Please provide a departmental contact for UTA to work with in the event of a crisis

Name and Title

Department

Email

Phone Numbers (cell/work/home)

Secondary Contact Person

Phone

Host Institution Contact (if applicable)

Please provide contact information for your primary contact at the host institution

Name and Title

Department

Email

Phone Numbers (cell/work/home)

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ITINERARY

Please provide a complete itinerary of your travel, including all departure/arrival dates, airline flight #'s, location and modes of transportation

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Explanation of Travel

In the space provided below, please include a statement clearly describing the following:

1. The purpose of proposed travel
2. Why this travel must take place in the proposed location
3. Why you cannot engage in either a similar/alternate program in a different location

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Safety and Security Assessment

1. International SOS is UT System's international emergency assistance provider. The website is www.internationalsos.com, and the UT membership ID is 11BSGC000037. Enter the membership number ID to access the country-specific medical and safety information that this site provides. According to International SOS, what is the overall "Country Travel Risk Rating"?

- Insignificant Low Medium High Extreme

2. The US State Department website is www.travel.state.gov and lists country-specific Travel Warnings and Alerts for US citizens. With regard to current State Department Travel Warning or Alert and your own health/safety/security assessment of the proposed location, what risks might students encounter while traveling?

3. Describe your level of familiarity with the proposed international location.

4. What specific steps will you take to mitigate these risks. Please be as specific as possible.

5. How will you inform students of the risks involved with travel to the proposed location? What information will you provide, and how will you educate the students on mitigating risk?