The University of Texas at Arlington University International Oversight Committee

Request to Travel to Restricted Regions for Faculty/Staff Travelers

Instructions: Please complete all pages of this form and send to the appropriate administrators for signatures, e-signatures are acceptable. Submit all documentation to the International Oversight Committee (IOC) at least 4 weeks in advance of proposed travel. Please e-mail all required materials to Jay Horn at the Office of International Education at horn@uta.edu.

Traveler Details	
Name	
Title	Department
UTEID	Phone
Email	
Description of Program & Travel	
Purpose of Proposed Travel	
Location (Country and Cities - Be specific)	
Exact Dates of Proposed Travel	
Required Signatures	
Traveler Signature	Date
Academic Chair Signature	Date
Name	
Department	Phone
Email	
Dean Signature	Date
Name	
Department	Phone
Email	

Traveler's Contact In	formation 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 ap	Traveler name as it appears on Passport							
Phone number(s) where traveler can be reached internationally								
Proposed 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 Co	ontact							
Please provide a departi	mental contact for UTA to work with in the event of a crisis							
Name and Title								
Department	Email							
Phone Numbers (cell/work/home)								
Secondary Contact Per	rson							
Phone								
Host Institution Cont Please provide contact	ract (if applicable) information for your primary contact at the host institution							
Name and Title								
Department	Email							
Phone Numbers (cell/	work/home)							

ITINERARY Airline tickets to restricted regions cannot be purchased prior to IOC approval, however a detailed, proposed itinerary is required including travel dates, location of departure and arrival, and ground transportation plans."

Explanation of Travel								
1.T 2.V	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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Minimal	C Low	Medium	C High	Critical	
Center for Disease	Control and Preven gs, please provide y	tion website is www.c	dc.gov. With rega	ecific Travel Warnings and Alerts for US citizens. The order to current State Department Travel Warning and ent of the proposed location, and what risks might	l/or
3. Describe your level language abilities, fo				ude professional connections, family living there, g there, etc.	,
4. What specific steps	will you take to mit	igate the health/safety	//risks mentioned	I in the DOS/CDC travel advisory.	