

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	<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

Purpose of Proposed Travel	<input type="text"/>
Location (Country and Cities - Be specific)	<input type="text"/>
Exact Dates of Proposed Travel	<input type="text"/>

Required Signatures

Traveler 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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Traveler'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

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 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 the proposed itinerary of your travel, including all departure/arrival dates, airline flight #'s, location and modes of transportation. Tickets do not have to be purchased prior to IOC approval.

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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. On Call International is UT System's international emergency assistance provider. The website is <https://myoncallportal.com>; enter the Group ID 100143CPPD21 to access the country-specific medical and safety information that this site provides. According to On Call, what is the country risk level as noted on the Country Risk Report?

- Minimal Low Medium High Critical

2. The US State Department website is www.travel.state.gov and lists country-specific Travel Warnings and Alerts for US citizens. The Center for Disease Control and Prevention website is www.cdc.gov. With regard to current State Department Travel Warning and/or CDC travel warnings, please provide your own health/safety/security assessment of the proposed location, and what risks might you encounter while traveling?

3. Describe your level of familiarity with the proposed international location. *Include professional connections, family living there, language abilities, familiarity with culture, experience visiting/living/working there, etc.*

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