Learning Abroad University Sponsored
Travel Authorization Request Form

The University of Houston (UH) does not allow University sponsored and/or organized Programs Abroad to Level 3 (“Reconsider Travel”) destinations unless authorization is granted by the Senior Vice President for Academic Affairs and Provost. University sponsored and/or organized travel is travel which is led by a University employee or for which academic credit is awarded, or any other travel administered by, conducted under the direction of, or with financial support from, any University department, program, or office.

FACULTY INFORMATION
Name: _______________________________________
Title/Position: ________________________________
Department/College: ___________________________
Email: _________________________

PROGRAM INFORMATION
Title of Program: _______________________________
Program Destination City/Town and Country/Countries: ________________________________
Departure Date: _____________________________ Return Date: ______________________________
Is the program associated with a course? If so, what course: ________________________________

REQUIRED ATTACHMENTS
☐ Attach your Faculty Led Proposal Form.
☐ Attach the U.S. Department of State travel advisory for your location.
☐ Attach a letter of support from your department chair or dean.
☐ Supplemental documentation

LETTER OF SUPPORT
Any faculty led program requesting travel authorization to a destination with a Level 3 travel advisory must have a letter of support from the department chair or dean associated with the program. This letter does not need to endorse the safety of the program, but rather the reason that a program should take place in a Level 3 region despite the risk. The argument should convey the academic value and merit of the program location and why the Senior Vice President for Academic Affairs and Provost should authorize this program.

SUPPLEMENTAL DOCUMENTATION
Attach a document addressing all of the items below. This document may be in essay or outline form.

1. I have carefully identified, reviewed and considered the risks of travel to the destination. I am familiar with the international travel safety precautions for the area in which I am traveling to. I have read and understand the following information:
a. The U.S. Department of State Advisory for Destination
   https://travel.state.gov/content/passports/en/alertswarnings.html

2. I realize I must have on-site institutional support, either from a third party provider, local organization or local university. Include relevant information about local support including relevant training.

   Contact Name          Title
   Email                 Cell Phone
   Physical Address      Organization

3. What are the housing accommodations for the program? What are the safety measures in place? Security, surveillance, gated access, etc.? If the accommodations are homestay, who is vetting the families and placing students?

4. What is the academic rationale why the program must take place in this location despite the current risk?

5. In the event of a medical emergency, how accessible are adequate hospitals or emergency clinics?

6. Include your emergency communication plan.

7. How will you mitigate specific risks outlined in the U.S. Department of State Travel Advisory?

8. Contingency plan: explain what the sponsoring academic department will do in the event UH decides to recall or evacuate the program early due to heightened or deteriorating health, safety or security concerns? Contingency should include academic concerns and potential program relocation.

ADDITIONAL PROGRAM REQUIREMENTS

☐ I will ensure all program participants, if U.S. citizens will enroll with the U.S. Department of State’s Smart Traveler Enrollment Program (STEP): https://step.state.gov/step/. If participant is not a U.S. citizen, they must register with their home country’s Embassy or Consulate.

☐ I understand the University reserves the right to cancel the program and/or require the participants to leave the international program location due to health, safety, and/or other concerns.

☐ I understand that if I receive authorization for this program, we may not travel to other regions/countries with a Level 4 travel advisory.

☐ I will ensure all program participants (myself included) will self-enroll in CISI international insurance for University of Houston Learning Abroad Programs and confirm it will be in force and effect for the entire duration of the travel: http://www.uh.edu/learningabroad/health/cisi/.

☐ I understand how to contact CISI in the event of an emergency.

☐ I understand I cannot require any student to travel to this destination.
☐ I understand all program participants must complete a release and indemnification document with the Learning Abroad Office.

☐ I understand all program participants must complete the Learning Abroad Travel Policy Acknowledgement with the Learning Abroad Office.

RISK NOTIFICATION

It is important you understand and consider the following risks:

- The U.S. Embassy nearest your destination may temporarily close or suspend public services for security reasons.
- The U.S. Embassy nearest your destination may not be able to provide emergency assistance should you require it.
- If there is a need to evacuate in an emergency, flights may be suspended and other departure or shelter options may be limited or non-existent.
- Access to hospitals and emergency care may be limited or non-existent.
- Should you experience difficulties, the University of Houston and/or CISI, the emergency assistance provider, may not be in a position to provide emergency assistance to you.
- Risks of travel to your destination may include (but are not limited to) dangers to health and personal safety, including possible death posed by natural disaster, disease, terrorism, crime, civil unrest, violence, and/or death.
- There may be additional health, safety, and security factors that have not been brought to your attention by the University of Houston.

BY SIGNING THIS FORM, I ACKNOWLEDGE THE EXISTENCE OF THE TRAVEL ADVISORY IN MY CHOSEN PROGRAM LOCATION(S) AND THE RISKS ASSOCIATED WITH THE PROPOSED TRAVEL AND MY DECISION TO CONTINUE WITH THE PROGRAM DESPITE THAT WARNING.

Name (print) _________________________________________  Date __________________

Signature ______________________________________________________________________

Program Endorsement/Support:

______________________________________________________________________________

Department Chair  Department  Date

______________________________________________________________________________

Dean  College  Date

Submit all paperwork to the Director of Learning Abroad at kmkleinkort@uh.edu
FOR OFFICE USE ONLY

Date received: __________________

☐ REQUEST APPROVED

☐ REQUEST SENT TO LEARNING ABROAD RISK AND SAFETY COMMITTEE FOR FURTHER REVIEW

☐ REQUEST DENIED

______________________________________________
Signed by: Dr. Paula Myrick-Short
Senior Vice President for Academic Affairs and Provost  
______________________________________________
Date