

Learning Abroad Elevated Risk Travel Request Form (for use by program leaders)

The University of Houston (UH) does not allow University sponsored and/or organized programs abroad to elevated risk 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.

An elevated risk destination is defined as:

- U.S. Department of State Travel Warning Level 3 or 4
- Centers for Disease Control and Prevention Travel Warning Level 3 or 4
- On Call International Risk Assessment Levels 4 and 5
- A country/region that has been designated as restricted by the Office of the Provost, Office of the President, or UHS

FACULTY/STAFF INFORMATION

Name:	Title/Position:		
Department/College:	_		
Email:			
PROGRAM INFORMATION			
Title of Program:	-		
Program Destination City/Town and Country/Countries:			
Departure Date: R	eturn Date:		
Is the program associated with a course? If so, what course:			

REQUIRED ATTACHMENTS

- □ Attach a letter of support from your department chair or dean
- □ Supplemental documentation (explained below)

LETTER OF SUPPORT

Any University sponsored and/or organized 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
 - b. On Call International Country Risk Report: <u>https://bit.ly/UHOnCallCountryRiskReport</u> (View on Global Risk Intelligence Portal)
- 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): <u>https://step.state.gov/step/</u>. If the 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 understand how to contact On Call International 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 Learning Abroad.
- □ I understand all program participants must complete the Learning Abroad Travel Policy Acknowledgement with Learning Abroad.

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 On Call International, 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)	D	Date	_
Signature			
Program Endorsement/Support:			
Department Chair	Department	Date	
Dean	College	Date	
Submit all paperwork to	the Assistant Director of Learning A	broad at <u>ambeer@uh.ed</u>	' <u>u</u>

FOR OFFICE USE ONLY

Date received: ____

□ REQUEST REVIEWED BY THE LEARNING ABROAD RISK AND SAFETY COMMITTEE WITH THE FOLLOWING RECOMMENDATIONS:

□ REQUEST AUTHORIZED

□ REQUEST DENIED

Signed by: Dr. Diane Chase, Senior Vice President for Academic Affairs and Provost

Date