**International Travel Form (“ITF”)**

**Required Approval for Travel Warning Destinations**

**Instructions.** Prior Provost approval (with Dean concurrence) is required for travel by Tulane University (“TU”) employees and students to a destination outside the United States (“Travel Warning Destination”) where any of the following travel advice exists (“Travel Warning”):

1. U.S. State Department (“USDOS”) safety travel advisory Level 3 (reconsider travel) or Level 4 (do not travel) for a country, location or region--<http://travel.state.gov/content/passports/en/alertswarnings.html>;
2. U.S. Centers for Disease Control (“CDC”) health Warning Level 3 (avoid non-essential travel) for a country, location or region--<http://wwwnc.cdc.gov/travel/notices>; or
3. TU’s insurer restricts insurance coverage for a particular country—see Section 1 of TU’s Office of Insurance and Risk Management (“ORIM”) website at https://www2.tulane.edu/counsel/oirm/foreign-travel-information.cfm

Travel abroad that requires prior Provost approval includes group or individual trips for the following TU-related purposes (“TU-related”):

1. TU will grant credit for the international activity;
2. The activity abroad fulfills a TU degree requirement or will be degree advancing (e.g., capstone projects, and experiential learning);
3. Activity abroad funded in whole or in part by TU or by funds administered by TU (e.g., money held or disbursed through TU or TU-recognized student organizations); and/or
4. Activity abroad managed or operated by TU, a TU department/unit, a TU-recognized student organization or varsity athletic team, led by TU faculty/staff, or a TU-recognized student organization or varsity athletic team.

Individual TU travelers (or TU unit/trip leader coordinating the activity) must complete the ITF form and submit it at least 60 days in advance (90 days for study abroad programs) of the planned departure date. Submit the form to TU’s International Travel Group (“ITG”) care of Wade Wootan ([wwootan@tulane.edu/504-988-0598](mailto:wwootan@tulane.edu/504-988-0598)) and cross copy the responsible School Dean. The ITG assists the Provost and Dean to gather relevant information and provide recommendations for final review and decision by the Provost (with Dean concurrence). For additional information refer to (1) **TU’s International Student Travel** **policy**, and (2) **TU’s Travel Policy and Expense Procedures**.

Questions about completing the ITF should first be directed to Department/School support staff and then escalated to Wade Wootan at [wwootan@tulane.edu](mailto:wwootan@tulane.edu) or Scott Pentzer at [spentzer@tulane.edu](mailto:spentzer@tulane.edu). They can guide you through the process, identify relevant University- and School-level approvals, and suggest helpful resources to facilitate planning and implementation.

1. **Activity Name/Title:** Click here to enter text.
2. **Submitter Information:**

|  |  |  |
| --- | --- | --- |
| First Name: Click here to enter text. | Last Name: Click here to enter text. | Phone Number: Click here to enter text. |
| School/Department: Click here to enter text. | | Email: Click here to enter text. |
| Relationship to TU:  Faculty  Staff  Undergraduate student  Graduate student  Post Doctorate Fellow | | |
| Submitter Relationship to Activity:  TU traveler  TU trip/project leader  TU unit coordinating activity | | |
| Will TU activity be managed through Terra Dotta software?  Yes  No  Unknown | | |

1. **Traveler Information (if different from submitter)**:  Not applicable

|  |  |
| --- | --- |
| First Name: | Last Name: |
| School/Department: | |
| Relationship to TU:□ Undergraduate student  Graduate student  Post Doctorate Fellow  Employee | |

***Additional Pages Attached for Additional Travelers***  Yes  No

1. **Travel Details:**
   1. For TU-related travel by an individual or group to a Travel Warning Destination, complete the table below. **Please also attach a more detailed travel itinerary**.

|  |  |  |  |
| --- | --- | --- | --- |
| **Country** | **City/Region** | **Arrival Date** | **Departure Date** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

* 1. For each country, city, or region listed above, has the submitter and each traveler read and understood all applicable Travel Warnings?  Yes  No

**IMPORTANT: COMPLETION OF THIS FORM SHOULD SPECIFICALLY ADDRESS SPECIFIC RISKS IDENTIFIED FOR A DESTINATION IDENTIFIED IN A TRAVEL WARNING BY USDOS or CDC.**

1. **Nature of TU-Related Activity (check all that apply)**:

TU credit, degree or certificate awarded  TU-related volunteering

Research (sponsored or unsponsored)  Community/public service

Internship  Practicum

Practicum  Other:

1. **Generally** describe activities to be conducted within Travel Warning Destination(s). Include why the trip is academically or otherwise justified, and why the traveler believes the risk is reasonable and steps that will be taken to mitigate risk. Include within description of activity location and security throughout trip. **Alternatively, you may separately attach an activity overview/description**.

Click here to enter text.

1. **School/Unit Approval**: Have you attached a letter of endorsement/support from the TU school/ unit (or individual) likely to approve the activity?

Yes  No If **No**, please explain: Click here to enter text.

1. **Prior Travel Experience**: Does the traveler(s) have any prior personal experience with Travel Warning Destination (e.g., living, working, visits, etc), and if so provide specifics? Click here to enter text.
2. **Local Language**: Do any of the trip leaders/travelers speak the language the local language of the Travel Warning Destination and, if so, how proficiently? Click here to enter text.
3. **Coordination with Host Country Collaborators**: Will travelers be working with or coordinating activities (programmatic support, housing, in-country travel, meals, field/day trips, security, medical care, etc.) within the Travel Warning Destination with any host country partners, and if so describe? Click here to enter text.
4. **Student Oversight**: Are students traveling abroad as part of this TU-related activity?  Yes  No

If Yes, indicate the type and number of students. If **No**, proceed to question 5e

\_\_ Undergraduate \_\_ Graduate \_\_ Postdoc \_\_ Other: describe: Click here to enter text.

Will participating students be supervised?  Yes  No

If no, proceed to question 5e. If **Yes**, provide below details for each individual supervisor.

Name Click here to enter text.  Faculty  Staff  Grad Student  Other: Click here to enter text.

Name Click here to enter text.  Faculty  Staff  Grad Student  Other: Click here to enter text.

If any of the above individuals are **not** TU affiliates, is there a written agreement in place between TU and the individual describing supervision responsibilities?

Yes  No  N/A **If Yes,** **attach a copy of agreement.**

1. **Housing/Accommodations in Travel Warning location**:
   1. Describe where travelers (faculty, staff and students) will be living. Who selected (or assisted in selecting) the accommodations? Was a site visit conducted in advance to determine if the premises are secure (i.e., walled perimeter, security guard, barred windows, strong doors, etc.) or the subject of recent violent crime, terrorist attack, etc.?

Click here to enter text.

* 1. Will the traveler(s) be living alone or with others (if so whom)? Click here to enter text.

1. **Travel within Travel Warning Destination**:
   1. Describe how you will be picked-up/dropped-off from in-country airport: Click here to enter text.
   2. Describe how you will travel within Travel Warning country (car, bus, train, moped, taxi, etc). How will you commute to/from work, study, field locations, etc., and how long of a commute? Click here to enter text.
   3. Do you plan on using public transportation?  Yes  NoIf **Yes**, provide details: Click here to enter text.
   4. Indicate if any travelers will be self-driving a vehicle abroad?

Student If checked, indicate type of vehicle: Click here to enter text.

Faculty If checked, indicate type of vehicle: Click here to enter text.

Staff If checked, indicate type of vehicle: Click here to enter text.

1. **Emergency Communications**:
   1. **Emergency Contacts**: Pre-departure, will each traveler be given a program/project emergency contact list? See example below.

Yes  No **Attach a copy of emergency contact list when submitting this Form**

Example: *Emergency contacts while in \_\_\_\_\_\_\_ [location abroad]*

*In case of emergency, attempt to reach people in this order as appropriate:*

|  |  |
| --- | --- |
| **Who** | **Local Phone/Email** |
| Police | Click here to enter text. |
| Fire Department | Click here to enter text. |
| Ambulance | Click here to enter text. |
| Hospital/Clinic | Click here to enter text. |
| Trip Leader | Click here to enter text. |
| Global Rescue | +1.617.459.4200 international  [operations@globalrescue.com](mailto:operations@globalrescue.com) |

1. **Phone Abroad**: Will TU travelers carry with them at all times abroad a phone (e.g., cellular, satellite, radio, etc.) activated to make international and local calls in event of emergency?

Trip/project leader(s)?  Yes  No  N/A

Other TU staff/faculty abroad?  Yes  No  N/A

Student participants?  Yes  No  N/A

Host country collaborators?  Yes  No  N/A

1. **Phone Contacts**: Will emergency contacts be pre-loaded into traveler phones used abroad?

Yes  No  N/A

1. **Global Rescue App**: Will the Global Rescue phone application be downloaded[[1]](#footnote-2) to each traveler’s phone for up-to-date health and safety information and direct emergency calls to Global Rescue?

Yes  No  N/A

1. **Checking-In**: Will the traveler(s) periodically check-in with TU home unit or individual?

Yes  No If so, with whom, how often & by what means? Click here to enter text.

1. **Medical Insurance and Coverage Abroad**:
   1. Each person participating in TU-related activity must have adequate health insurance while abroad? This could mean enrolling in TU’s insurance plan or declining that coverage in writing and supplying proof that they have another policy. Each traveler must research what, if any, insurance coverage exists in each destination country abroad and understand what benefits and exclusions exist. **Contact TU’s Office of Insurance and Risk Management (ORIM) with questions.**

Yes  NoIf **Yes, provide copy of health insurance card (front/back)**

* 1. Will each traveler confirm his/her health insurance benefits and exclusions for each destination country abroad?  Yes  No
  2. Where are the in-country clinics, hospitals, pharmacies in the event of emergency care? What are the hours of operation, do they treat foreigners, what types of doctor specialists are available, and do the doctors speak English? Click here to enter text.
  3. What is the method of payment for clinics, hospitals and pharmacies noted above?

Traveler health insurance,

Credit cards accepted by phone,

Credit card accepted only in person,

Cash only

* 1. Are ambulances available in-country to transport a sick person to the hospital?

Yes  No If **No**, how will you arrange for emergency transport to a hospital?

1. **Medical Assistance Plan**:
   1. Will travelers voluntarily purchase a short term medical assistance plan such as GeoBlue [see <https://www2.tulane.edu/counsel/oirm/foreign-travel-information.cfm>?]  Yes  No
2. If **Yes**, has traveler confirmed with GeoBlue that coverage and provider network exists in-country, including ability of GeoBlue to pay providers?  Yes  No
3. **Pre-Departure Coordination**:
   1. **Access to Critical Documents**: For Provost approved activity, has each traveler made copies of certain critical information (e.g., health insurance card, passport, driver’s license, visa, airline ticketing information) and uploaded into an emergency management Box file?[[2]](#footnote-3) Contact Wade Wootan for details.

Yes  No

* 1. **Briefing & Orientation**:

Will each traveler be briefed on location specific health & safety issues before departure?

Yes  No

If **Yes**, by whom? Click here to enter text.

What is the content of the briefing? **Describe or attach a copy**: Click here to enter text.

If **No**, describe why not: Click here to enter text.

Will each traveler be briefed on location specific health & safety issues upon arrival in-country:

Yes  No

If **Yes**, by whom? Click here to enter text.

What is the content of the briefing? **Describe or attach a copy**: Click here to enter text.

If **No**, describe why not: Click here to enter text.

* 1. **Travel Registration**:

Will each traveler register with Global Rescue (at <https://grid.globalrescue.com/portal/tulane/index.html>)

Yes  No

Will each traveler register his/her trip with their appropriate government travel registry. For example, U.S. citizens are to register with U.S. Department of State **Smart Traveler Enrollment Program (STEP)** at <https://step.state.gov/step/>?  Yes  No

**Additional Comments**: Click here to enter text.

1. Go to: Apple App Store (see <https://itunes.apple.com/us/app/global-rescue-grid/id1084623977?ls=1&mt=8>) and Google Play (see <https://play.google.com/store/apps/details?id=com.globalrescue.enterprise&hl=en>) [↑](#footnote-ref-2)
2. This ensures access to critical documents in the event of an emergency by the traveler, trip leader, emergency management, and risk management. [↑](#footnote-ref-3)