**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) 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 or Scott Pentzer at 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.

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

<table>
<thead>
<tr>
<th>First Name: Click here to enter text.</th>
<th>Last Name: Click here to enter text.</th>
<th>Phone Number: Click here to enter text.</th>
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<tbody>
<tr>
<td>School/Department: Click here to enter text.</td>
<td>Email: Click here to enter text.</td>
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</tr>
<tr>
<td>Relationship to TU: ☐ Faculty ☐ Staff ☐ Undergraduate student ☐ Graduate student ☐ Post Doctorate Fellow</td>
<td>Submitter Relationship to Activity: ☐ TU traveler ☐ TU trip/project leader ☐ TU unit coordinating activity</td>
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<td></td>
<td>Will TU activity be managed through Terra Dotta software? ☐ Yes ☐ No ☐ Unknown</td>
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3. **Traveler Information (If different fromSubmitter):** ☐ Not applicable

<table>
<thead>
<tr>
<th>First Name:</th>
<th>Last Name:</th>
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<tbody>
<tr>
<td>School/Department:</td>
<td></td>
</tr>
<tr>
<td>Relationship to TU: ☐ Undergraduate student ☐ Graduate student ☐ Post Doctorate Fellow ☐ Employee</td>
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Additional Pages Attached for Additional Travelers ☐ Yes ☐ No
4. **Travel Details:**
   a. 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.**

<table>
<thead>
<tr>
<th>Country</th>
<th>City/Region</th>
<th>Arrival Date</th>
<th>Departure Date</th>
</tr>
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<tbody>
<tr>
<td>Click here to enter text.</td>
<td>Click here to enter text.</td>
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</table>

   b. 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.**

5. **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
   - ☐ Other:

   a. **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.**

   b. **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.

   c. **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.

   d. **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.
e. **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?  

6. **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 5.  
   __ Undergraduate  __ Graduate  __ Postdoc  __ Other: describe:  
   Will participating students be supervised?  ☐ Yes  ☐ No  
   If no, proceed to question 5.  
   If Yes, provide below details for each individual supervisor.  
   Name  ☐ Faculty  ☐ Staff  ☐ Grad Student  ☐ Other:  
   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.  

7. **HOUSING/ACCOMMODATIONS IN TRAVEL WARNING LOCATION:**  
   a. 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.?  
   b. Will the traveler(s) be living alone or with others (if so whom)?  

8. **TRAVEL WITHIN TRAVEL WARNING DESTINATION:**  
   a. Describe how you will be picked-up/dropped-off from in-country airport:  
   b. 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?
c. Do you plan on using public transportation?  ☐ Yes  ☐ No If Yes, provide details:  Click here to enter text.

d. 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.

9. **EMERGENCY COMMUNICATIONS:**
   a. **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:*

<table>
<thead>
<tr>
<th>WHO</th>
<th>LOCAL PHONE/EMAIL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Police</td>
<td>Click here to enter text.</td>
</tr>
<tr>
<td>Fire Department</td>
<td>Click here to enter text.</td>
</tr>
<tr>
<td>Ambulance</td>
<td>Click here to enter text.</td>
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<tr>
<td>Hospital/Clinic</td>
<td>Click here to enter text.</td>
</tr>
<tr>
<td>Trip Leader</td>
<td>Click here to enter text.</td>
</tr>
<tr>
<td>Global Rescue</td>
<td>+1.617.459.4200 international <a href="mailto:operations@globalrescue.com">operations@globalrescue.com</a></td>
</tr>
</tbody>
</table>

   b. **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

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

   ☐ Yes  ☐ No  ☐ N/A

   d. **Global Rescue App:** Will the Global Rescue phone application be downloaded1 to each traveler’s phone for up-to-date health and safety information and direct emergency calls to Global Rescue?

   ☐ Yes  ☐ No  ☐ N/A

   e. **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.

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10. **Medical Insurance and Coverage Abroad:**
   a. 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  ☐ No  If Yes, provide copy of health insurance card (front/back)

b. Will each traveler confirm his/her health insurance benefits and exclusions for each destination country abroad?  ☐ Yes  ☐ No

c. 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.**

d. 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

e. 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?

11. **Medical Assistance Plan:**
   a. Will travelers voluntarily purchase a short term medical assistance plan such as GeoBlue [see https://www2.tulane.edu/counsel/oirm/foreign-travel-information.cfm?](https://www2.tulane.edu/counsel/oirm/foreign-travel-information.cfm?)  ☐ Yes  ☐ No

12. If Yes, has traveler confirmed with GeoBlue that coverage and provider network exists in-country, including ability of GeoBlue to pay providers?  ☐ Yes  ☐ No

13. **Pre-Departure Coordination:**
   a. **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 **Contact Wade Wootan for details.**

      ☐ Yes  ☐ No

b. **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.**

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2 This ensures access to critical documents in the event of an emergency by the traveler, trip leader, emergency management, and risk management.
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.

c. 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.