

Individual Travel Petition For Risk Designated Location(S)

OVERVIEW

The International Risk Management Advisory Board (IRMAB) provides oversight for student international travel to locations deemed to be high risk ([International Safety and Security \(kennesaw.edu\)](http://InternationalSafetyandSecurity.kennesaw.edu))

Petitions for individual student travel to high-risk locations should be submitted to globalsafety@kennesaw.edu at least 60 days in advance of travel. Individual petitions are assessed and reviewed by the IRMAB. It is strongly recommended to submit the petition prior to confirming travel and logistical arrangements.

STUDENT INFORMATION

Name: _____ Email: _____

Class Standing: Undergraduate Graduate Credit Hours Completed: _____ GPA: _____

College/Department: _____

Intended Activities: Conference Competition Field Work Research Other: _____

ACADEMIC RATIONALE

KSU Course Name and Equivalency (if applicable): _____

Sources of Kennesaw State University funding (if applicable): _____

SPONSORED TRAVEL:

Will you be enrolled in an overseas university or study program? YES NO

Is your travel associated with a sponsoring organization (e.g. field school, NGO, etc.)? YES NO

If yes, what is the name of the university/sponsoring organization: _____

Who is the primary contact at the school/organization: _____

INDEPENDENT TRAVEL:

Is this an independent research, conference, internship, study, or service opportunity? YES NO

Is this travel related to a thesis? YES NO

Is this travel related to a dissertation? YES NO

If you answered YES to either of the above questions:

Topic: _____

Research Advisor's Name: _____

Research Advisor's Email: _____

Below please briefly articulate the academic rationale for undertaking this particular study, research, or engagement within the particular risk designated country(ies) or location(s). Address academic objectives, how the experience applies to Kennesaw State degree requirements and why and alternate site(s) would not provide an equivalent academic experience.

PROPOSED TRAVEL

Dates of Travel: _____

Country(ies) of Travel: _____

Itinerary of cities/regions where you will arrive and depart, as well as reside and visit during travel.

Does your itinerary include travel to any country or regions within the country that the [U.S. Department of State Travel Advisory](#) has assigned a higher cautionary level (e.g. Level 4: Do Not Travel; Level 3: Reconsider Travel)? YES NO

If YES, list the location(s) and rationale for travel:

What specific risk indicators are identified in the U.S. Department of State Travel Advisory?

- C-Crime
 T-Terrorism
 U-Civil Unrest
 H-Health Risk
 N-Natural Disaster
 E-Time-limited Event
 K-Kidnapping
 D-Wrongful Detention
 O-Other

Briefly describe any arrangements in your travel planning that mitigates your exposure to the identified risk factors:

EXPERIENCE WITH PROPOSED LOCATION:

- Home country/permanent residence
 Traveled Previously
 First Time Traveling

If you selected "traveled previously", please provide the dates and type of travel conducted prior: _____

If English is NOT the official language of the host country(ies), please indicate your level of fluency in the official language of the host country.

- First/native language
 Prior Language Studies
 No Familiarity
 If you selected "prior language studies",

please provide the highest level of formal language study or highest KSU course completed/enrolled: _____

Internal OISS Documentation:

On Call International Rating: _____ **(5-Critical, 4-High, 3-Medium, 2-Low, 1-Minimal)**

Specific On Call International area risk levels (3+), if applicable: _____

OFAC Comprehensive Sanctions: YES NO

Additional Considerations:

TRAVEL LOGISTICS

ACCOMMODATIONS:

- Arranged by sponsor (local university, organization or host, etc.)
 Arranged individually

Intended residences (check all that apply):

- Dormitory
 Property owned by local organization
 Hotel/hostel
 Local house/apartment
 Shared accommodations (e.g., Airbnb)
 Homestay with a local family
 Other: _____

Name, address, and contact information for intended accommodations in each location.

TRANSPORTATION

What are your intended forms of transportation (check all that apply):

- Private transportation arranged by local organization
- Personal/rented vehicle; you drive yourself
- Open air vehicle (e.g. truck bed, motorcycle)
- Public transportation (e.g. bus, train, subway)
- Watercraft (e.g. boat, ferry)

If the U.S. Department of State country information for your destination provides specific cautionary advice related to using or avoiding certain forms of travel in the Safety and Security or Travel and Transportation sections, please describe precautionary measures that adhere to that advice.

PERSONAL CONTINUITY AND EMERGENCY PLANNING

COMMUNICATIONS

How can Kennesaw State contact you in-country in the event of an emergency (personal cell, rented cell, etc.)?

Type: _____ Number: _____

Other forms of communication to be utilized while abroad:

- WhatsApp Number: _____
- WeChat Number: _____
- Skype Number: _____
- Other Specify: _____

Do you plan on travelling to remote locations where you may not have cellular or wifi access? YES NO

Provide a local, in-country emergency contact as an additional point of contact in your intended destination.

Name: _____ Email: _____ Phone: _____

Does this person speak English? YES NO If no, what is that person's primary language? _____

CONSULAR AND EMERGENCY ASSISTANCE

List the location(s) and contact information of your country's embassy and/or consulate nearest the location(s) where you will be traveling.

What is the local equivalent of 911 in the destination country(ies)? _____

Please note that there may be multiple numbers for different emergency services. It is also encouraged to be aware if first responders to these numbers speak English.

EMERGENCY ACTION PLAN

If you are partnering with a university, NGO, or other organization, please request a copy of their emergency protocol or evacuation plan if they have one and attach it to this petition. Otherwise, please complete this Emergency Action Plan subsection.

Provide your emergency action plan for your time abroad. Please consider the following scenarios in your contingency planning:

- a) A crisis prompts an advisory to shelter in place. Consider the capacity of intended accommodations to provide access to potable water, food, and electricity for two or more days (e.g. Is there a kitchen, assured access to potable water, or a generator?)
- b) A crisis prompts an alert to temporarily depart the area. Please identify an alternate location in the country/region for temporary shelter. List any locations along with the addresses and contact details of the facility.
- c) An elevation of crisis in -country necessitates travel to be cancelled prior to departure or prompts an evacuation. Describe your continuity plan to complete academic work, maintain access to research and, if relevant, receive academic credit.

Health and Medical

Are there any [CDC Travel Health Notices](#) for the country(ies)? YES NO

If yes, please provide link(s) and personal mitigation strategies.

Have you or the sponsoring organization identified the nearest hospital or clinic? YES NO

List the name and address of the facility(ies)

Is it within 50 miles or a one-hour drive from the cited itinerary location(s)? YES NO

Internal OISS Documentation:

On Call International Medical Rating: _____ (4-Critical, 3-High, 2-Medium, 1-Low)

24/7 Emergency Care Available? YES NO

Additional Considerations:

OISS RECOMMENDATIONS

OISS Stipulations for travel based on the proposal:

Travel registration requirements:

Geographic restrictions or recommendations:

Communication requirements:

Safety check-in protocol:

Transportation and movement safety requirements or recommendations:

Lodging requirements or recommendations:

Other/additional (if applicable)

TRAVELER ACKNOWLEDGMENTS

- I acknowledge that my travel requires me to register my travel with the Office of International Safety and Security and with On Call International, as well as to enroll in the university's CISI student supplemental international insurance policy. ([International Safety and Security \(kennesaw.edu\)](http://International%20Safety%20and%20Security%20(kennesaw.edu))
- I assert that I will enroll in the Department of State [Smart Traveler Enrollment Program \(STEP\)](#).
- I acknowledge that I have been advised to have a travel medical consultation at [Student Health Services](#) or a travel clinic prior to travel.
- I acknowledge the following **International Risk Management Advisory Board Waiver and Release:**

I understand there is an active risk designation for the country(ies) of my proposed travel. I have reviewed the health, safety and security information for the country provided by the U.S. Department of State Travel Advisory and Centers for Disease Control and Prevention (CDC). I recognize the inherent risk of traveling to this country(ies). Despite the safety concerns identified in the active risk designation, I have decided to seek admission to travel to the country(ies) identified in this petition.

I understand that IRMAB approval may require stipulations for travel including, but not limited to: restrictions on authorized locations, including personal travel; accommodation requirements; prohibitions on forms of transportation; curfews. I acknowledge that should the conditions of the risk designation change between now and the travel start date, or during the midst of travel abroad, the IRMAB may alter its stipulations or authorization of student travel to the country(ies) or region(s). Such alterations may include rescinding travel approval at any point, including while abroad. During travel, I agree to promptly respond to any requests for information or status updates from the Office of International Safety & Security and adhere to any additional directives of the IRMAB.

While participation in this travel may fulfill Kennesaw State degree requirements, I acknowledge that my participation is not mandatory. I have decided to travel to the country(ies) identified in this petition with full knowledge of the identified risks. I acknowledge that participation in the proposed travel involves some risks of injury, illness, or loss of personal property. I do release, covenant not to sue, and forever discharge for myself and my heirs, executors, administrators and assigns, Kennesaw State University, the Board of Regents of the University System of Georgia and each of their respective parent, subsidiary, affiliated or related companies and the officers, directors, employees, agents, representatives, successors, assigns and volunteers of each of the foregoing entities (the "Released Parties") from and against any and all liabilities, claims, actions, damages, costs, and expenses of any nature arising out of and/or related to my international experience and associated activities, including but not limited to, all attorneys' fees and costs of court. I understand that this release includes any claim based on the negligence, act, or omission of the Released Parties.

I understand that should I violate any laws or regulations of any country visited as a part of my participation in this proposed travel, the above-listed entities may not be held liable for such conduct. I further understand that if I should confront a legal problem, Kennesaw State University cannot officially represent me or my legal interests in dealing with a foreign legal system, nor can it assume any direct responsibility for the actions of a foreign government.

I understand that this Waiver and Release means that, among other things, I am giving up my right to sue Kennesaw State for any such losses, damages, or injuries I may incur by virtue of my proposed travel.

I have read this Waiver and Release in its entirety. I fully understand it and agree to be legally bound by it.

Student Name (Print): _____

Student Signature: _____ Date: _____

DEPARTMENTAL APPROVAL

Department Chair Name (Print): _____

Department Chair Signature: _____ Date: _____