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**REQUEST TO TRAVEL TO RESTRICTED REGIONS FOR STUDENT STUDY TRIPS** **AS296**

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**Instructions:** At least 30 days in advance of the proposed travel, please complete all pages of this form (attaching additional pages, if necessary), obtain the required signatures on page 1, send to the International Travel Oversight Committee (ITOC) in care of Director of Accounts Payable & Travel (217 Thomas Boyd Hall or [pgremill@lsu.edu](mailto:pgremill@lsu.edu)), and the final approved version must be attached to the Spend Authorization in Workday.

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### Faculty Leader Details

Name: \_\_\_\_\_ LSUID: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
Department: \_\_\_\_\_ Department Mailing Address: \_\_\_\_\_  
Business Manager: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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### Description of Program & Travel

Title of Proposed Program: \_\_\_\_\_

Location (list all countries and cities *-be specific*):  
\_\_\_\_\_

Travel Advisory of Restricted Region (*circle one*): LEVEL **3** **4**

Exact Dates of Proposed Travel: \_\_\_\_\_

Please attach a list of student travelers (if applicable)

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### Required Signatures

Faculty Leader Signature (please print): \_\_\_\_\_

Faculty Leader Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director/ Dept Head/Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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ITOC: \_\_\_\_\_ Recommends approval \_\_\_\_\_ Does not recommend approval

Associate Vice President: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Approved \_\_\_\_\_ Denied VP for Academic Affairs: \_\_\_\_\_

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**Faculty Leader’s Emergency Contact Information While Abroad**

*Please provide the appropriate information that Louisiana State University and/or outside sources may use to communicate with you in the event of a crisis:*

Traveler name as it appears on Passport: \_\_\_\_\_

Phone number(s) where traveler can be reached internationally:

Physical Address of all accommodations while abroad: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Alternate Emergency Contact Information While Abroad**

*Please provide an alternate person that Louisiana State University and/or outside sources may use to communicate with you in the event of a crisis:*

Name: \_\_\_\_\_ Relation to Traveler: \_\_\_\_\_

Phone Numbers (cell/work/home):

\_\_\_\_\_

E-mail: \_\_\_\_\_

Physical Address: \_\_\_\_\_

\_\_\_\_\_

**Department Emergency Contact Information**

*Please provide departmental contacts for the University to work with in the event of a crisis:*

Name & Title: \_\_\_\_\_ Department: \_\_\_\_\_

Phone Numbers (cell/work/home):

\_\_\_\_\_

E-mail: \_\_\_\_\_

Secondary Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

**OTHER TRAVELERS**

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*Please provide the names of any other travelers or individuals you will be working with during the trip:*

Name: \_\_\_\_\_ Phone \_\_\_\_\_ Affiliation \_\_\_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_ Affiliation \_\_\_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_ Affiliation \_\_\_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_ Affiliation \_\_\_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_ Affiliation \_\_\_\_\_

**ITINERARY**

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*Please provide a complete itinerary of your travel, including all departure/arrival dates, airline flight #'s, locations, and modes of transportation.*

## **SAFETY & SECURITY ASSESSMENT**

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1. The US State Department website is [www.travel.state.gov](http://www.travel.state.gov) and lists country-specific Travel Advisory for US citizens. Please summarize (do not copy/paste) the current State Department Travel Advisory for your location.

With regard to current US Department of State Travel Advisory and your own health/safety/security assessment of the proposed location, what risks might you encounter while traveling?

2. What specific steps will you take to mitigate these risks? What is your emergency plan as it relates to natural disasters, civil/political unrest, and medical emergency related to accident or injury? Please be as specific and detailed as possible.
3. Describe your level of familiarity with the proposed location. *Include professional connections, family living there, language abilities, familiarity with culture, experience visiting/living/working there, etc.*

### **Necessity of Travel:**

1. Why must the travel take place at the proposed location?
2. Could you engage in a similar or alternate program in a different location?
3. How is the travel critical to the mission of the University?