

## REQUEST TO TRAVEL TO RESTRICTED REGIONS AND FOREIGN ADVERSARIES FOR STUDENT STUDY TRIPS

**AS296** 

**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 Patrice Gremillion, Director of Accounts Payable & Travel at <a href="mailto:pgremill@lsu.edu">pgremill@lsu.edu</a>, and the final approved form must be attached to the Spend Authorization in Workday.

Traveler Details			
Name: LSUID:	E-mail:		
Title:	DI.		
Department:	Department Mailing Address:		
Business Manager:	E-mail:		
Description of Program and Travel			
Title of Proposed Program:			
Exact Dates of Proposed Travel:			
Location (list all countries and cities – be specific):			
-			
Travel Advisory Level of Restricted Region (select one):	3 🗆 4		
Travel to Foreign Adversary Country (select one):	] Yes □ No		
Source of Funds: University Account #:			
University Affiliate Name:			
Third-Party Funding: ☐ Yes*	No *May be subject to LA Ethics Reporting		
Please attach a list of student travelers (if applicable)			
Required Signatures  Any person subject to traveling to a foreign adversary country and representing the university, upon return, shall report any gifts of funds or promises to pay offered by a foreign adversary country or any entity representing the interests of a foreign adversary country.  Faculty Leader Name (please print):			
Faculty Leader Signature:			
Director/Dept. Head/Chair Signature:	Date:		
Dean Signature:			
ITOC: ☐ Recommends approval ☐ Does not counts Payable & Travel Administrator:  VP for Academic Affairs: ☐ Approved ☐	t recommend approval  Date:  enied		

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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	assport:				
	Expiration Date:				
	can be reached internationally:				
Physical Address of all accommo	dations while abroad:				
with you in the event of a crisis:  Name:	on that Louisiana State University and/or outside sources may use to communicate  Relation to Traveler:				
	e):				
Physical Address:					
<b>Department Emergency Contac</b> <i>Please provide departmental co</i>	Information tacts for the University to work with in the event of a crisis:				
Name & Title:	Department:				
Phone Numbers (cell/work/hon					
E-mail:					
Secondary Contact Person:	Phone:				
	i none.				

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Other Travelers  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

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

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atety	and Security Assessment
1.	What safety and security risks might you encounter while traveling given the U.S. Department of State travel advisory or foreign adversaries?
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. <i>Include professional connections, family living there, language abilities, familiarity with culture, experience visiting/living/working there, etc.</i>
lealth	Assessment
1.	Have you received the appropriate immunizations and/or are aware of any required test results necessary to meet the country's entry requirements, including the COVID-19 vaccination?
2.	Describe your plan or course of action if you are subject to contagious illness or COVID-19 quarantine restrictions at the time of entry or during your stay?

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## **Necessity of Travel**



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?

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