



The University of Texas at El Paso

International Travel Exception Authorization Request

To comply with [UTS 190 International Travel Policy](#), faculty, staff, students, and official guests/volunteers participating in University-sponsored travel must receive authorization before traveling to a region with Level 3 or 4 Advisory for [CDC](#) or [Department of State](#).

Date: _____

Requestor Information

Name: _____ Email: _____

Department: _____ Phone Number: _____

Title: _____ Preferred Mode of Contact: _____

I. Risk Notification Statement

It is important that you UNDERSTAND & CAREFULLY CONSIDER THE FOLLOWING RISKS:

- The US Embassy nearest your destination may temporarily close or suspend public services for security reasons.
- The US Embassy nearest your destination may not be able to provide emergency assistance should you require it.
- If there is a need to evacuate in an emergency flights may be suspended, and other departure or shelter options may be limited or non-existent.
- Access to hospitals, emergency medical care and medications may be limited or non-existent.
- Should you experience difficulties, The University of Texas at El Paso, and its contracted emergency assistance provider, On Call International, may not be in a position to provide emergency assistance to you
- Participation in travel to a UTEP Restricted Region has inherent risks, which may include kidnapping or death. These risks can never be completely eliminated.
- Risks of travel to your destination, may include (but are not limited to) dangers to health and personal safety, including possible death posed by natural disaster, disease, terrorism, crime, civil unrest, and/or violence.

By submitting this request form I acknowledge and certify that I understand the risks associated with this travel. I further hereby release The University of Texas at El Paso, its governing board, officers, employees and representatives from any liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person, including my death, that may result from or occur during my participation in the travel.

I also understand that travel approved by the International Oversight Committee (IOC) may be subject to additional review if there is a change in circumstances and/or additional review is deemed necessary by the IOC.

II. Traveler Details

| Name | ID Number | Designation | Signature (Acknowledgement of Risk Statement) |
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If students are listed on this request, a [Travel Authorization Request](#) must be submitted to Student Affairs.

| Traveler Name | Emergency Contact | Traveler Mode of Communication (at destination) |
|---------------|------------------------------------|--|
| | Name: Relationship: Phone #: | Type: (Cell, App, Email, etc) Number/Username: |
| | Name: Relationship: Phone #: | Type: (Cell, App, Email, etc) Number/Username: |
| | Name: Relationship: Phone #: | Type: (Cell, App, Email, etc) Number/Username: |
| | Name: Relationship: Phone #: | Type: (Cell, App, Email, etc) Number/Username: |
| | Name: Relationship: Phone #: | Type: (Cell, App, Email, etc) Number/Username: |

III. Travel Date(s) and Location(s)

| Destination(s) | From Date | To Date | CDC Level | Dept of State Level |
|----------------|-----------|---------|-----------|---------------------|
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IV. Purpose of the Trip

If applicable, include a copy of a conference agenda or an invitation to present/attend/perform at an event.

V. Justification for Exception

Provide a statement detailing the compelling reason why travel must take place in the proposed location and why you cannot engage in either a similar or alternate program in a different location.

VI. Circumstances Mitigating Risks

Lodging name and address: _____

Is this request for an extended 3-month period to a specific city? Yes No

For Extended 3-Month Periods ONLY: Please provide exact dates of travel to your specific location:

Provide a Complete Itinerary of your travel, including the modes of transportation for all locations and departure/arrival dates. Information should include if your host will provide transportation, if you are traveling in groups, and if travel will occur in the day/night. Also include if you have experience traveling to the region.

Provide a Safety Plan for your travel

1. Are visitors required to quarantine upon arrival? If so, what is your quarantine plan?

2. What are your destination country's visa and/or entry/exit restrictions for travelers from the U.S.? What are your contingency plans in the event of border closures?

3. What are the health requirements for your destination? What PPE (masks, gloves, thermometers) is available for the traveler? How will you utilize the PPE?

| VII. Administrator Approval | Printed Name | Signature | Date |
|---|--------------|-----------|------|
| Department Chair, Director, Faculty/Staff Sponsor or Designee | | | |
| Dean, Assistant/Associate Vice President | | | |
| Vice President/Provost | | | |

VIII. International Oversight Committee

The above request for exception to the international travel policy has been reviewed by the International Oversight Committee (IOC). Accordingly, the IOC has **Approved** / **Denied** this request.

If your exception is approved, you MUST:

- **Make your travel arrangements through Anthony Travel, and**
- **Register with On Call International**
 - **For extended 3-month periods, you must register with On Call International for each trip related to this request.**