



International Travel Approval

Traveler's name:

Traveler's Department:

Dates of travel (mm/dd/year)

through

Destination Country:

For State Department L3 and L4 countries, provide **city**, and where applicable, **state**

1. **State Department Travel Advisory** [Travel Advisories \(state.gov\)](https://travel.state.gov) Level 1 Level 2 Level 3 Level 4

Risks cited on the State Department website (e.g. due to civil unrest; terrorism; exit ban):

2. **CDC travel destination information:** [Destinations | Travelers' Health | CDC](https://www.cdc.gov/travel)

Risks cited on CDC website (e.g. Global Polio, Global Measles, Dengue, or no notices in effect):

After making yourself aware of foreseeable risks, including health risks, you should consider personal health factors to make informed decisions about whether to proceed with the planned travel and steps you plan to take to mitigate risk.

For State Department L3 and L4 countries, please complete #3, otherwise skip to #4.

3. **Description of how you propose to mitigate risk during your trip.** Factors that mitigate risk include: (1) having support in the destination country; (2) arranging secure ground transportation and lodging; (3) preventative measures against health and other risks such as high crime, including violent crime and kidnapping.

4. **Explanation of how the trip advances the University's educational or research mission:**

Traveler's signature: _____ Date (MM/DD/Year): _____

I have reviewed Carolina's guidance on international travel and have determined that the articulated benefits to the University of this travel outweigh the risk associated with it. (<https://global.unc.edu/travel-operations/travel-policies/>)

Approved leaders include: **Deans, Department Chairs, Division Chiefs, Center and Area Directors**

Approved leader's signature: _____ Date (MM/DD/Year): _____

If not electronically signed, print Approver's name:

Assumption of Risk for International Travel

I agree to take all necessary precautions and follow protocols and guidance from relevant authorities, including adhering to travel advisories and notices from the **U.S. Department of State** and the **Centers for Disease Control and Prevention**.

I agree that I will enroll and register my travel with the **U.S. Department of State's Smart Traveler Enrollment Program (STEP) (state.gov)**, if eligible, or its Travel Advisory subscription service and take advantage of such resources.

I acknowledge that claims submitted under certain insurance policies may be denied and the University of North Carolina at Chapel Hill ("University") cannot guarantee coverage of a claim.

I understand that the University does not have evacuation capacity and that, although GeoBlue or other providers may offer medical evacuation to a hospital facility if the provider deems it to be necessary for adequate medical care, such evacuation may not be to the U.S.

I understand that if I face delays returning home (including if illness delays my return), that the University is not responsible for costs associated with my prolonged stay abroad.

I understand that I am subject to and wholly responsible for complying with rules and policies of third-party sites and jurisdictions, I acknowledge and understand that I will also continue to be governed by all applicable University policies, procedures, and protocols.

In case of accident, illness, injury, or death, I authorize the University and its representatives to contact the person(s) listed as my Emergency Contact in the Connect Carolina system. I voluntarily accept the risks described above and assume full responsibility for any risk loss, damage, illness, or personal injury, including death, and for any property damage that may be sustained by me as a result of my participation in this travel.

Traveler's signature: _____ Date (MM/DD/Year): _____