

# High and Extreme Travel Risk Approval Request - Group or Program

Columbia University's <u>International Travel Planning Policy</u> mandates that Students, Officers of Administration and Support Staff travelling on University-related travel abroad complete a tiered review and approval process based upon the highest <u>ISOS Travel Risk Rating</u> associated with their travel location(s).

Travel to "Medium" Travel Risk locations require ISOS Itinerary Review; travel to "High" Travel Risk locations requires ISOS Itinerary Review and dean approval from the school where the student is registered; and travel to "Extreme" Travel Risk locations requires ISOS Itinerary Review, dean approval and, for Morningside affiliates, Provost approval, and for CUIMC affiliates, EVP and Dean of the Faculties of Health Sciences and Medicine approval.

ACTIVI	TY/PROGRAM ORGANIZER DETAILS	
	Individual Submitting Request	Email
	School/Department	
DESCRI	PTION OF TRAVEL	
	Due annua au Tain Nama	_
	Program or Trip Name	
	Proposed location(s) (include all cities and countries relevant	to this trip)
	Proposed travel dates	
	Purpose of travel	Highest level of risk (defined by ISOS)
	Traveler Type(s)	Number of travelers
INTERN	ATIONAL SOS	
	Students, Officers of Administration, Support Staff, and Offic traveling with students must register their trip in International	
	An ISOS Pre-Trip Itinerary Review is required for group trave Only one ISOS Pre-Trip Itinerary Review should be submitted	
	Please provide the Litinerary Review	he ISOS Case Number for the Pre-Trip v for this trip.



## REQUIRED INFORMATION

1.	What is the academic rationale for this trip? Include the academic purpose(s) and goal(s).
2.	What is the academic reason why this travel must take place to this location(s) despite the risks associated with travel therein?

What alternati						
10w have you	prepared for this	s proposed trip	? Include a de	scription of t	the health, sa	ifety, an
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5. Attach the ISOS Pre-Trip Itinerary Review you received from ISOS, and any relevant documentation to be used for consideration, such as a roster, participant information (school/department, traveler type), or program proposal.



#### RESOURCES

- Columbia International Travel Planning Policy: <a href="http://policylibrary.columbia.edu/international-travel-planning-policy">http://policylibrary.columbia.edu/international-travel-planning-policy</a>
- International SOS: https://www.internationalsos.com
- U.S. Department of State Travel Advisories: https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html
- Centers for Disease Control and Prevention (CDC) Travelers' Health: <a href="https://wwwnc.cdc.gov/travel/">https://wwwnc.cdc.gov/travel/</a> World Health Organization (WHO): <a href="https://www.who.int/">https://www.who.int/</a>

#### REQUIRED DOCUMENTS

Students, Officers of Administration, and Support Staff traveling on this program, must complete the following High and Extreme Travel Risk Participant Form. The forms must be signed by participants and returned to Global Travel with the High & Extreme Risk International Travel Approval form.\*

\*If participants are not selected until after program approval, participants must complete the form and return to Global Travel prior to trip departure.

### **SUBMISSION – END HERE**

Once you have completed this form, up to this point, submit to Global Travel at <a href="mailto:globaltravel@columbia.edu">globaltravel@columbia.edu</a>. Global Travel will facilitate the obtaining of appropriate signatures on the traveler's behalf.

## FOR GLOBAL TRAVEL USE ONLY

Dean Signature	· · · · · · · · · · · · · · · · · · ·		Date	
Approve	Conditional Approval	Deny	Additional information needed	
Notes from D	Dean/Unit Head:			٦

	CUMC (For Extreme Risk loc	Date	
pprove	Conditional Approval	Deny	Additional information needed
s from Pro	vost/EVP:		