Petition for International Travel: Risk Assessment Form

According to the University-Sponsored Travel to High Risk Locations Policy, Adelphi University does not support student and employee participation in university-affiliated international activities or the development and administration of formal education abroad programming (to include all international, for-credit and non-credit experiential learning activities) to locations categorized as *Level 3: Reconsider Travel* or *Level 4: Do Not Travel* by the U.S. Department of State or classified as *Level 3: Reconsider Nonessential Travel or Level 4: Avoid All Travel*.by the Centers for Disease Control and Prevention (CDC).

Exceptions to this policy will be considered only for locations categorized as *Level 3* by the U.S. Department of State and/or CDC on submission of the <u>Petition for International Travel: Risk Assessment Form</u>. All persons who travel under an exception to this policy will be required to sign an <u>Assumption of Risk and General Waiver and Release form</u> as a condition of the travel. The executive leader of the sponsoring department adjudicates all petition requests.

- Undergraduate Students: Undergraduate students seeking to travel to a High-Risk
 Destination should request in writing to the sponsoring department whether a petition
 might be considered. If granted the right to petition, students should complete and
 submit the <u>Petition for International Travel: Risk Assessment Form</u> to the sponsoring
 department.
- Graduate Students/Employees: Graduate students and employees who wish to travel to a High-Risk Destination as part of a University-sponsored activity must complete and submit the <u>Petition for International Travel: Risk Assessment Form</u> to the sponsoring department.

1. Program Details:

| Destination; State Department Advisory Level; Date of Advisory | |
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| (Travel is prohibited to destinations with a Level 4 designation U.S. Department of State. No petition accepted.) | |
| CDC Warning Level, Date of Advisory | |

| (Travel is prohibited to destinations | |
|---|--|
| with a CDC Level 4 Travel Health | |
| Notice. No petition accepted.) | |
| Name of Program: | |
| Travel Dates: | |
| Name of person petitioning for travel | |
| (and describe affiliation with travel): | |
| Number of expected Adelphi traveler(s): | |
| Adelphi | |
| College/Department/Organization | |
| Affiliation (and administrative point | |
| person if pertinent): | |
| Program Itinerary (list all locations): | |
| Cost (indicate total or per person): | |
| Program History: | |
| Partner: | |
| Decision Deadline (date by which you | |
| need the Committee to make a travel | |
| decision): | |
| Petition Submission Date | |

| | Briefly describe the program, including purpose, activities, modes of travel, lodging, local support. |
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| | Describe the knowledge, experience, and connections the travelers have pertaining to destination and/or region. |
| 4. | Ramifications of Cancelation |
| | Please list the risks outlined in the U.S. Department of State advisory and describe v you have addressed these risks to ensure safety. |
| 6. | Describe any risks you foresee and a corresponding emergency plan: |
| | Please provide any additional information that will help assess the risk associated by your proposed travel. |
| | Describe any health concerns associated with the proposed destination. If vel is approved, the traveler should work with the University Health and liness team to implement appropriate actions to minimize risk that might be |

posed to your health or the health of other University community members by the individual's possible exposure to infectious disease during their travel.