

EDUCATION ABROAD

Risk Designated Travel Petition – Individual Student Research, Study or Travel

International Travel Policy Committee

The Risk Designated Travel Petition must be submitted to the International Travel Policy Committee if the individual student plans to travel to a country that is under a Department of State Travel Warning or has another risk designation.

Petitions should be submitted to Dru Simmons, international risk manager, at simmons.541@osu.edu.

Student Travel Details

Participant Name _____

Email _____

Phone _____

Major _____

Undergraduate Graduate

Credit Hours Completed _____

GPA _____

Proposed study is:

- Enrollment in a university or study program abroad
- Independent internship, research, study or travel

Country _____ Dates _____

University/Program Name (if applicable) _____

Sources of Ohio State Funding (if applicable) _____

Please attach an overview of the proposed program itinerary including:

- Cities and towns where you will study or conduct research (if moving between locations include any transit cities)
- If traveling, proposed method and time of transport between locations (e.g. bus, train, flight; day, overnight)
- Physical address of where you will be living in each location visited

Map(s): If travel will take place outside major cities, please attach a map(s) showing all locations.

Rationale for Travel to a Location with a Risk Designation

If applicable, please provide the complete link(s) to the most recent Department of State Travel Warning for the country(ies) impacted (see <http://travel.state.gov>).

What are the compelling academic reasons for you to study or conduct research at the specific location within the country listed with a Travel Warning or other high risk designation? You should address the academic objectives of the experience (specific courses or research), how your studies will apply to your degree requirements at Ohio State and why alternate sites would not provide you with an equivalent academic experience (300 words or less).

Based on the specific cautionary language of the Travel Warning or other risk designation, address what measures you will take to personally mitigate your risk (examples might include not traveling to specific regions, security at accommodations, avoiding certain modes of travel)?

Personal Emergency and Evacuation Planning

If you are partnering with a university, NGO, third-party provider or other logistical provider, please request a copy of their emergency and evacuation plan if they have one and attach it to this petition. Any plan, whether drafted by the overseas host or in-country support personnel, should be supplemented with the following information:

What will be your address in each location where you will be studying or conducting research?

How can Ohio State contact you in-country in the event of an emergency (personal cell, rented cell, satellite phone)?

Type _____ Number _____

Alternate forms of communication (e.g. non-Ohio State email, AIM/Skype, WeChat, Viber, Twitter, etc...)

(Ohio State respects your privacy and will only reach out to you in the event of an emergency or to communicate important safety updates)

Please list a local, in-country emergency contact as an additional point of contact in each country.

Name _____

Contact Number _____

Title _____

Does this contact speak English? _____

If not, what is their primary language? _____

Please list a U.S. emergency contact.

Name _____

Contact Number _____

Relationship _____

In the event of a crisis in the program location, have you or your program identified an alternate location in the country/region for alternate shelter? Please list the location(s).

In the event that an elevation of a crisis in-country causes the program to be cancelled prior to departure or you are required to evacuate, what is the contingency plan to complete your academic work and receive credit?

Where are the nearest U.S. embassies and/or consular offices to the locations where you will be studying?

What is the local emergency equivalent to 911 in the country (if police, fire and EMT are different, list each one)?

Number(s) _____

You should be aware if English will be recognized by respondents to these numbers.

Where is the nearest hospital/clinic to each location where you will be staying?

Academic Advisor Approval

(Please have the appropriate person sign the form or send a brief note/email of support)

Name _____

Title _____

Signature _____

Date _____

Agreements and Conditions

- I will enroll in the Department of State Smart Traveler Enrollment Program (STEP) (<https://step.state.gov/step/>)
- I will enroll in the mandatory GeoBue Supplemental Insurance plan (<http://oia.osu.edu/preparing-to-depart/health-insurance.html>)
- I will review Health and Safety Orientation materials provided by the Office of International Affairs
- I will attend all pre-departure and in-country orientations offered by program staff for the program (if applicable)
- I have read the Centers for Disease Control and Prevention (CDC) "Traveler's Health" information for my country (<http://wwwnc.cdc.gov/travel/destinations/list>)
- I have been advised to have a Travel Medicine Consultation at the Wilce Student Health Center (<http://www.shs.osu.edu/services/immunizations/travel-consultation/>)
- I will respond to any requests for information or status updates from the international risk manager and adhere to the directives of the International Travel Policy Committee

Waiver and Release

I understand there is a U.S. Department of State Travel Warning or other high risk designation for _____ (country), the country for which the proposed travel will occur. I have read the most recent Travel Warning (travel.state.gov) or other risk designation criteria for _____ and I recognize the inherent risk of traveling to this country for study or research. Despite the Department of State Travel Warning or other high risk designation, and the concern for faculty, staff and student safety expressed by The Ohio State University, I have decided to seek permission to travel to _____ for study or research. I acknowledge that should the conditions of the Travel Warning or other high risk designation change between now and the program start date, or during the midst of the travel experience, the ITPC may reexamine the program and alter its decision to allow student travel to the country.

Participation in this travel is not a requirement for any Ohio State degree and I have decided to travel to _____ with full knowledge of the risks involved. I, for myself, my

executors, administrators, and assigns, hereby release The Ohio State University and its Board of Trustees, officers, employees, agents, students, programs, and entities (collectively, "Ohio State") from any and all liability for losses, damages, injuries or costs of any kind that may arise out of or be in any way related to my proposed travel, including, but not limited to, those based on negligence.

I understand that this Waiver and Release means that, among other things, I am giving up my right to sue Ohio State for any such losses, damages, or injuries I may incur by virtue of my proposed travel.

I have read this Waiver and Release in its entirety. I fully understand it and agree to be legally bound by it.

Participant Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

(if participant is under 18 years of age)

