Washington University in St. Louis

# Petition for Exception Instructions

This petition is intended for faculty, staff, and graduate/professional students who wish to travel to a location currently under a Travel Suspension Condition. Each traveler must complete their own petition, even when multiple people are traveling to the same destination.

**Petitions should be submitted 6-8 weeks prior to the anticipated departure date** to ensure adequate time to complete the review process. Please use this petition to describe the resources, support systems, and risk mitigation measures that will be in place to support the proposed travel.

Upon submission, the International Travel Oversight Committee (ITOC) Executive Body will review the petition, assess local conditions, and provide a recommendation to the appropriate Dean or Vice Chancellor, who will make the final decision on the proposed travel.

Submit your completed Petition for Exception to itoc@wustl.edu.

**Please contact itoc@wustl.edu with any questions.**

## PART A: TRAVELER INFORMATION

***To be completed by the traveler.***

Name:

Role (faculty, staff, graduate student, etc.):

University email address:

Pronouns:

School/CFU and department/unit:

Destination(s) (city and country):

Travel dates:

Passport country of issue:

University contact available in St. Louis during time of travel:

Contact information:

Communication plan/check-in schedule with university contact:

In-country phone number:

In-country address(es):

## PART B: DESTINATION CONDITIONS

***To be completed by the traveler.***

What is the destination's Travel Advisory Level, according to the U.S. Department of State?

Multiple Desi

What are the associated travel safety risk indicators identified within the Travel Advisory above?

What are the current International SOS travel and health risk ratings for the destination(s)?

Travel rating:

Medical rating:

What is the overall travel advice for the destination provided by International SOS?

Do the Centers for Disease Control and Prevention currently have an alert/warning in place for the destination(s)?

No

If yes, please provide details of the alert/warning and how you plan to mitigate the risks associated with it.

What is the nearest healthcare facility? Are necessary language services or applicable multilingual providers available?

## PART C: TRIP DETAILS

***To be completed by the traveler.***

Please provide the following information:

**Nature of work**

Explain the nature of your work/research. Please provide the purpose, an overview of planned activities, and reasoning for why your travel must occur in this location at this time.

**Risk mitigation and precautions**

What precautions are you taking considering the health and safety risks associated with your destination?

**Description of international travel experience**

Have you traveled abroad before? Have you visited/worked in the petitioned destination before? If so, how many times? Do you speak the local language?

**Description of local resources**

Will you work with a local institution, university, or other partners? How long have you worked with them? What local resources do they provide to you during your trip? What other support systems do you have in place locally?

**Description of travel accommodations**

Please provide a brief overview of the accommodations. What type of safety/security measures are present in the accommodations? Please be as detailed as possible, including any information about how these accommodations were chosen and/or vetted for safety and security.

**Description of transportation methods**

What are your proposed transportation methods? How will you get from the airport to your accommodation? From your accommodation to your worksite? If there are multiple destinations on your trip, how will you travel between them? Does the U.S. Department of State or International SOS advise against these methods?

**Description of communication logistics**

Does your destination have reliable cell phone/internet connectivity? In the event of an emergency, how can you be reached?

**Other considerations**

Is there any additional information that the ITOC Executive Body should consider when reviewing this petition?

## PART D: TRAVELER ACKNOWLEDGEMENT OF THE PETITION PROCESS

***To be completed by the traveler.***

By signing below and submitting this packet, I acknowledge and confirm the following statements:

**If my travel is approved…**

…travel conditions may change prior to my departure that would require the university to reverse its approval and cancel my trip.

… in order to travel, I will have to complete all conditions of my approval.

…travel conditions may change while I am abroad in which the university would recall me to the U.S., and I would have to leave prior to my planned departure.

…my supervisor is aware that my trip may be extended if travel conditions change and I am unable to return as planned.

**I will consult with my healthcare providers and ensure…**

…I am up to date with any recommended or required vaccinations for my destination.

…I obtain any prophylactic or preventative treatment for common medical issues present in my destination.

…I consult with my healthcare providers upon my return if I have any questions or concerns.

**While abroad, I will notify the university if I…**

…experience an emergency abroad requiring support from the university.

…am impacted by an infectious disease outbreak and required to remain in country.

Traveler's Signature:_____Date: _____