



UT SYSTEM ADMINISTRATION HIGH RISK INTERNATIONAL TRAVEL REQUEST FORM

[UTS 190 INTERNATIONAL TRAVEL POLICY](#) ESTABLISHES THE SYSTEMWIDE FRAMEWORK FOR INTERNATIONAL OVERSIGHT. IT DEFINES WHAT TRAVEL MUST BE CONSIDERED HIGH RISK, REVIEWED BY AN INTERNATIONAL OVERSIGHT COMMITTEE (IOC), AND APPROVED PRIOR TO DEPARTURE (DOES NOT APPLY TO LEISURE TRAVEL). THE RISK MANAGEMENT EXECUTIVE COMMITTEE SERVES AS THE IOC FOR UT SYSTEM ADMINISTRATION.

STEPS TO FOLLOW:

1. RESEARCH THE DESTINATION’S HEALTH AND SECURITY RISKS. RECOMMENDED RESOURCES INCLUDE UT’S [CONTRACTED EMERGENCY ASSISTANCE PROVIDER](#), [THE STATE DEPARTMENT](#), AND [THE CDC](#).
2. CONTACT [INFORMATION SECURITY](#) TO DETERMINE IF A CLEAN LAPTOP IS NEEDED FOR TRAVEL.
3. DETERMINE IF ANY EXPORT CONTROL LICENSES ARE REQUIRED AND/OR IF A LICENSE EXCEPTION NEEDS TO BE DOCUMENTED. GUIDANCE IS AVAILABLE [HERE](#).
4. CONFIRM TRAVEL HAS BEEN REGISTERED WITH UT’S CONTRACTED EMERGENCY ASSISTANCE PROVIDER. THIS REGISTRATION IS AUTOMATIC IF TRAVEL IS PROCURED USING ANTHONY, CORPORATE TRAVEL, OR THE CONCUR BOOKING TOOL. TRAVEL PROCURED THROUGH ANY OTHER MEANS MUST BE REGISTERED. INSTRUCTIONS ARE AVAILABLE [HERE](#).

Name:		Department:	
Title:		Phone:	
Email:		Travel Dates:	
Destination City(ies), Country(ies):			
Purpose of Travel:			

EMERGENCY CONTACT DETAILS

Emergency Contact Name, Relation, & Phone:	
Physical Address of All Accommodations While Abroad:	
Phone Number(s) Where Traveler Can Be Reached Abroad:	
Department Contact Familiar With Travel, Name & Phone:	

RISK RATINGS

What is the State Department’s Current Travel Advisory Rating for the Destination (Please Refer to the Regionally-Specific Rating, Not the Overall Travel Advisory Level)?	
Has the CDC Issued Any Travel Health Notices for the Destination? If so, For What & What Level (Please List All Applicable Travel Health Notices)?	

ACKNOWLEDGMENT OF RISKS

Are There Significant Health Risks Present in the Destination? If Yes, Please Describe.	
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Are There Significant Security Risks Present in the Destination? If Yes, Please Describe.	
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TRAVEL DETAILS

Explanation of Why Travel Needs to Occur
Provide Detailed Itinerary Including All Arrival/Departure Dates and Modes of Transportation
Describe Plan to Mitigate Risks & Add Any Additional Information You Would Like Considered (If Applicable)

SIGNATURES

Traveler's Signature:	
Department Head Signature:	