

GRADUATE SCHOOL AND INTERNATIONAL EDUCATION
OFFICE OF STUDY ABROAD AND INTERNATIONAL EXCHANGE

PETITION FOR EXCEPTION TO INTERNATIONAL TRAVEL POLICY

Name of Traveler* or Group Leader: _____

Department: _____ Unit: _____

Dept. Head: _____ Dean: _____

Email: _____ Campus Address: _____ Campus Phone: _____

*If a student, provide: ID#: _____ Email: _____

PROPOSED TRAVEL OUTSIDE OF THE U.S.:

Destination of Travel (city/country): _____

Dates of Travel: _____

Purpose: _____

Primary contact in country:

Name: _____ Title: _____

Address: _____

Telephone: _____ Email: _____

On a separate sheet of paper, please provide the justification for making this trip in light of current U.S. State Department travel advisories. Include any knowledge of safety conditions in the local area that may help to minimize your risk. Attach any supporting documentation.

TRAVEL ENDORSEMENTS (signatures imply recommendation to allow travel)

Department Head: _____
Print Signature Date

Dean: _____
Print Signature Date

For Division of Agriculture Employees only:

Associate VP: _____
Print Signature Date

Signature of Person Making Request

Date

Completed Petition with signatures as well as justification and release/waiver should be sent to Office of Study Abroad (STAB) intltrav@uark.edu