

Travel Questionnaire

Group Trip Leader

(To be completed by Trip Leader or designee)

COVID Travel

Please complete the items below and submit to travelsafety@pobox.upenn.edu.

You will receive a response within two weeks with either a final decision or a request for further information. When reviewing requests, the committee considers a number of factors including, but not limited to, the academic value of the proposed travel, the trip leader's preparedness and understanding of the risks specific to the region, and whether the proposed trip complies with the applicable Centers for Disease Control (CDC) and U.S. Department of State guidance.

We strongly advise you not to confirm your group's participation on any trip prior to receiving approval. The safety of Penn students and employees abroad is a priority. The committee will continue to monitor locations where travel approval has been granted. In the event the risk rating changes and/or the travel environment deteriorates, we reserve the right to rescind approval or revise the conditions of travel.

TRIP LEADER NAME	
TRIP LEADER TITLE	
PENN ID	
EMAIL	
DEPARTMENT/COLLEGE	
Student Faculty Admin	
LOCATION TO BE VISITED	
PROGRAM/GROUP TRIP NAME	
EXACT DATES OF TRAVEL	
PURPOSE OF TRAVEL	
# OF TRAVELERS (EMPLOYEES)	
# OF TRAVELERS (UNDERGRAD)	
# OF TRAVELERS (GRAD)	

1. Itinerary

Please provide any details of your itinerary that you are aware of to date, including all flights, cities/countries to be visited, address of accommodation(s), extracurricular activities, excursions, and modes of transportation.

2. Explanation of Essential Travel Need (address both points):

- Your compelling academic rationale for travel to this particular location at this particular time, and why the experience cannot be done remotely or at a later date.
- Your level of familiarity with the location, including language, culture and/or coursework you have completed in preparation for travel.

3. Travel Risk Awareness

Please review the health, safety or security risks involved with your travel and explain the steps you will take to mitigate these risks. Please refer to [U.S. Department of State](#), [Centers for Disease Control](#) and [International SOS](#) guidance as appropriate.

4. Contacts in Country

Please list all contacts in country including partner institutions, corporate/NGO contacts, colleagues, tour guides, drivers, relatives, friends, etc.

5. Faculty/Departmental Support

Please provide the name of a faculty member or department head that can vouch for the academic and/or business need for this trip. This person may be called upon during the petition process to further explain the academic value of this travel opportunity.

Faculty/Dept Head Name: _____

Title: _____

Department: _____

Email: _____

6. Required approval by:

The signatures below need not endorse the safety of traveling to this location but rather confirm the academic value of the proposed trip and that this experience/research/work cannot be performed remotely or at a later date.

Department Chair School _____

Dean _____

Concur Travel Approver
(If Travel Cost Reimbursed) _____