## **Heightened Risk Travel Request**

Group Trip Leader
(To be completed by Trip Leader or designee)

Please submit your completed request form and supporting documents to <a href="mailto:travelsafety@pobox.upenn.edu">travelsafety@pobox.upenn.edu</a> at least 4 weeks prior to your trip's departure date.

Trip Leader Name & Title:			Penn ID:	
Student	Faculty	Admin	Email:	
Department/College:			# of Travelers: Employees	Undergrad Grad
Heightened Risk City/Country to be Visited:			Trip Start Date:	Trip End Date:
Program/Grou	up Trip Name:			
Purpose of Tra	avel:			
	es to be visited, addre		e aware of to date, includ on(s), extracurricular acti	

2. Exp	planation of Travel (address both points):  Your compelling academic rationale for travel to this particular location, and why an alternative location was not chosen.	
•	Your level of familiarity with the location, including language, culture and/or coursework you have completed in preparation for travel to this location.	

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 (refer to <u>U.S. Department of State Travel Advisories</u> and <u>International SOS</u> guidance as appropriate).
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4. Contacts in Cour	itry	. i tit ti	Ntt
Please list all contacts	s in country including partner	r institutions, corporate/NGC	contacts, colleagues,
tour guides, drivers, r	elatives, friends, etc.		