Heightened Risk Travel Request

Individual Traveler

Please submit your completed request form and supporting documents to travelsafety@pobox.upenn.edu at least 4 weeks prior to your trip's departure date.

Student Name:	Penn ID:
Department/College:	Email:
Heightened Risk City/Country to be Visited:	Travel Start Date: Travel End Date:
Purpose of Travel:	
1. Itinerary Please provide any details of your itinerary that you are a cities/countries to be visited, address of accommodation modes of transportation.	

Your compelling academic rationale for travel to this particular location, and why an alternational location could not be chosen. 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 (refer to <u>U.S. Department of State Travel Advisories</u> and <u>International SOS</u>
guidance as appropriate).
4. Contacts in Country
Please list all known contacts in country including partner institutions, corporate/NGO contacts, colleagues, tour guides, drivers, relatives, friends, etc.