Request for Graduate Student Travel to Countries on the U.S. State Department Warnings List

Applicant Name: _____
Email Address: _____
College: _____
Department: _____
Proposed Country of Destination and Dates of Travel: _____

Research Purpose (200-250 words):

Please provide an outline of the importance and academic relevance for your research, showing compelling reasons for working in this particular country and how your research will fit into your academic plan.

Understanding of the Country Specific Situation (200-250 words)

Describe the country-specific risks/incidents that have occurred in the country where you are proposing research in the last several years. If you have previously traveled to the country, please describe your experiences. The following sources may provide helpful information: www.travel.state.gov www.osac.gov www.cdc.gov/travel

Statement of Risk Mitigation: (250-300)

Please explain your own personal emergency action plan focusing on how to prepare for and prevent emergencies and how to respond to emergencies (for example, include measures of precaution you will undertake, contingency plans in case of unforeseen events and your proposed ways of touching base with emergency contacts, purpose and importance of registering with the State Department). Please indicate if you will have any in-country support, such as with a host university or organization, and how you can utilize this support in the case of an emergency.

Are you travelling as an employee of Penn State University (Graduate Research Assistant or wage/payroll)?
Yes____ No _____

Is the country of proposed travel on the excluded list for Worker's Compensation?
http://www.controller.psu.edu/divisions/riskmanagement/docs/dangeroustravel.pdf
Yes_____ No _____

_____ _____
Participant's Name (Please print or type) Date:

_____
Signature of Student Participant

_____ _____
Faculty Advisor (Please print or type) Date

_____
Signature of Faculty Advisor

This section to be completed by the Associate Dean of Graduate Education:

If the University does not accept liability for Workers' Compensation, the College
___will accept liability ___will not accept liability ___not applicable (not on WC list)

Signature of Associate Dean (or Designee): _____ Date: _____

The Associate Dean should contact the College's Finance Officer and/or Gary Langsdale in the Risk Management Office prior to giving approval if the answer is yes to the questions above to determine who will cover liability should the need arise.

Completed forms may be sent by mail or electronically to:

The Graduate School
211 Kern Building
University Park, PA 16802
814-865-2516
Email: L-GRAD-DEANS-OFFICE@lists.psu.edu