

International Travel Approval Form

Abilene Christian University

This form serves as the control document for the International Travel Policy of Abilene Christian University.

Faculty/Staff name and title _____ Extension _____ Email _____

Sponsoring office, department or college (as appropriate) _____

Travel details

1. Destination _____

2. Purpose of Trip (include goals, activities and participants of the program as an attachment) _____

3. Trip Dates (please note if dates are approximate) _____

4. Is your destination an Ordinary Risk or High Risk destination? If the U.S. Department of State has issued a formal "Travel Warning" it is a high risk destination. (Check http://travel.state.gov/travel/cis_pa_tw/tw/tw_1764.html for Travel Warnings.)

Ordinary Risk Destination ____
(place "X" in correct space)

High Risk Destination ____

5. Will students be traveling? (circle one) Yes No

If no, skip questions 6-8 and submit this form to the Travel Approver.

If yes, do you understand responsibility of Travel Organizers as explained in Appendix A of the International Travel Policy? (circle one) Yes No

6. Name of Travel Organizer _____ Email of Travel Organizer _____

A Travel Organizer is anyone who arranges University-related or University-supported non-credit-related international travel for a student or group of students (e.g., a faculty or staff sponsor of an ACU student group). Travel Organizers might or might not actually participate in the travel.

7. Will the Travel Organizer travel with the group? (circle one) Yes No

8. Expected group size _____

Approvals

Travel *without* students to High Risk Destinations:

Travel Approver

Approve Deny _____ Date _____

Travel *with* students to Ordinary Risk Destinations:

Travel Approver

Approve Deny _____ Date _____

Travel *with* students to High Risk Destinations:

Travel Approver

Approve Deny _____ Date _____

Director, Center for International Education

Approve Deny _____ Date _____

Office of Risk Management

Approve Deny _____ Date _____

EVP or Provost (as appropriate)

Approve Deny _____ Date _____

Upon completion, please return this form to the Office of Risk Management at Box 28179 or email risk@acu.edu