

International Travel Approval Form

Abilene Christian University

This form serves as the control document for the International Travel Policy of Abilene Christian University.
Please refer to the International Travel Policy for details and requirements.

Faculty/Staff name and title _____ Ext. _____ email _____@acu.edu

Sponsoring office, department or college (as appropriate) _____

Travel details

1. Destination _____

2. Purpose of Trip (Include goals, activities and names of all 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 ____ High-Risk Destination* ____

5. Will students be traveling? 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? Yes ____ No ____

6. Name of Travel Organizer _____ Email of Travel Organizer _____@acu.edu

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? 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 _____

VP 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. A copy will be provided to ACU PD.

* In rare instances where travel to a High-Risk Destination is deemed to be of great importance to the University, the appropriate Travel Approver may consider allowing the travel proposal to go forward. The traveler or Travel Organizer should expect a much greater level of scrutiny of the proposal than would be applied

to a proposal for travel to Ordinary Risk Destinations. All High-Risk Destination travel must have the final approval of the VP or Provost, as appropriate to the individual or group proposing the travel.