

APPENDIX A

**FACULTY/STAFF/OTHER UNIVERSITY PERSONNEL WAIVER APPLICATION
For Travel to High-Risk Countries/Regions**

This application is to be completed by faculty/staff/other University personnel traveling on University business outside the United States in countries or regions ranked “Level 3 or 4” on the United States Department of State Travel Advisory. By submitting this Waiver Application, the applicant expressly understands the risks and has ensured that there are safety and security measures in the high-risk country and region for the planned travel. The applicant thus expressly waives the University’s liability.

Please answer questions 1-10 and then obtain the signatures in Section 1. Upon completion, please forward the waiver application to Global Affairs: Education Abroad at abroad@uconn.edu for recommendations and approval.

The United States Department of State issues a Travel Advisory for each country of the world detailing varying levels of warning for specific locations or regions within a country.

<https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html/>

If you are seeking to travel to an area identified as Level 3 “Reconsider Travel” or a Level 4 “Do Not Travel,” you must submit this waiver application to Education Abroad at Global Affairs. If you are traveling to a country identified as Level 2 “Exercise Increased Caution” with specific travel to a location or area listed as “Reconsider Travel” or Do Not Travel,” you must also submit this waiver application.

NOTE: If you are traveling to a region subject to a U.S. embargo (Cuba, Iran, North Korea, Sudan, Syria and Crimea Russia/Ukraine) you MUST ALSO obtain approval from UConn’s Export Control office, Office of the Vice President for Research, at exportcontrol@uconn.edu. You must obtain approval from Export Control prior to each trip. Approval by Export Control for travel to an embargoed country is separate from this Waiver Application process with Education Abroad at Global Affairs. For more information, see <https://research.uconn.edu/rcs/export-control/export-guidelines-and-procedures/>.

SAFETY & SECURITY ASSESSMENT

1. What is the purpose of the proposed travel? What are the travel dates and geographic location of the proposed travel?

2. Please summarize (do not copy/paste) the current Travel Advisory for the proposed location.

3. Describe in detail your level of familiarity with the proposed location.

4. With the Travel Advisory in mind, please identify the appropriate security rating below, as you see it, based on what the program purports to do and where.

Insignificant

Low

Medium

High

Extreme

5. With regard to the current U.S. Department of State Travel Advisory and the safety and security assessment of the proposed location, identify what risks you might encounter while traveling to and from and/or while located at the proposed site. What specific steps will you (or the host institution/program) take to mitigate these risks?

6. Please describe your housing, where it is located and who is arranging it. Please also describe where you will work/study and your transportation between these locations.

7. What is your emergency plan (or that of the host institution/program) as it relates to the above risks? Please be as specific as possible and address medical emergency plans related to accident or injury.

8. Why should the university approve this Waiver for travel to a high-risk country or region?

9. Provide your proposed itinerary of your travel, including your departure/arrival dates, (anticipated if not yet purchased) airline flight numbers and connections, locations, addresses and modes of transportation. If you do not have your itinerary finalized when you complete this waiver, please submit a complete itinerary to Education Abroad at Global Affairs once it is finalized.

10. If you will be working with another organization or institution in the host country, please describe the services that the organization or institution will provide.

Traveler Details

Name: _____ Title: _____ Department: _____

E-Mail: _____ Phone: _____

Local Emergency Contact in the High-Risk Country/Region

Please provide a local contact for UConn to work with in the event of a crisis in the travel destination:

Name & Title: _____ Organization/Institution: _____

Phone Numbers (cell/work/home): _____ Email: _____

Secondary Contact Person: _____

Phone: _____ Email: _____

Required Signatures

For all signatures in this section, you are acknowledging the travel and supporting that it is for a valid university purpose.

Traveler

Name: _____

Signature: _____

Date: _____

Traveler's UConn Department/Unit Head

Name: _____

Signature: _____

Date: _____

Traveler's College/School Dean or Appropriate Vice

President Name: _____

Signature: _____

Date: _____

APPROVAL/DISAPPROVAL Signatures:

Submit your completed application, along with the above signatures to abroad@uconn.edu.

Recommendation for APPROVAL/DISAPPROVAL by the Global Affairs Travel Advisory Committee (Or attached recommendations as documented by e-mail correspondence)

Name: _____

Signature: _____

Date: _____

Name: _____

Signature: _____

Date: _____

Name: _____

Signature: _____

Date: _____

APPROVED/DISAPPROVED by Vice President of Global Affairs

Name: _____

Signature: _____

Date: _____

APPENDIX C – FOR FACULTY/STAFF/OTHER UNIVERSITY PERSONNEL (NON-STUDENTS)

**Informed Consent and Release of Liability for Travel Abroad to
High-Risk Countries/Regions**

**Guidelines for Individuals Planning to Travel to a High-Risk Country or Region on a
university-sponsored or university-related program**

The University of Connecticut (UConn) is dedicated to the provision of international opportunities for all UConn students, faculty, staff and affiliates. The importance of global education and awareness has never been more evident. UConn recognizes the growing relevance of overseas opportunities and supports our faculty/staff/other personnel with opportunities to conduct university-related businesses abroad.

At the same time, the University is concerned with the safety and well-being of its personnel. We recognize that the United States government has designated certain countries to be dangerous locations for American travelers. Terrorism, war, disease and other risks must be taken seriously, by both the University personnel and their families.

The University observes the following policy: The United States Department of State issues a Travel Advisory for each country of the world detailing varying levels of warning for specific locations or regions within a country. If you are seeking to travel to a Level 3 “Reconsider Travel” or a Level 4 “Do Not Travel” area, you must submit this waiver application to Education Abroad at Global Affairs. If you are traveling to a country identified as Level 2 “Exercise Increased Caution” with specific travel to a location or area listed as “Reconsider Travel” or Do Not Travel,” you must also submit this waiver application for approval. Once approved, you must complete the attached informed consent and release of liability before you leave for your international program.

The informed consent asks you to acknowledge that you are aware of the United States Department of State Travel Advisory and of the risks inherent in travel to your destination. You must accept responsibility for your safety while overseas.

<https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html/>

By submitting this Waiver application and the informed consent and release liability form, the faculty/staff/other personnel expressly understands the risks and has ensured that there are safety and security measures in the high-risk country and region for the planned travel. The faculty/staff/other personnel applicant participates in such travel in his/her own volition and thus expressly waives the University’s liability.

Participant Initial

Parent/Legal Guardian Initial
(if under 18 years of age)

Informed Consent and Release of Liability for Travel Abroad to High-Risk Countries/Regions

I, the undersigned, acknowledge that I have been informed that there are risks involved in travel to _____. I acknowledge that I have read and understood the United States Department of State Travel Advisory, dated _____, regarding travel to and within _____. I have also read the *Waiver Application for Education and Activities Abroad Programs in High Risk Countries/Regions* and submitted it to the University of Connecticut. Despite the United States Department of State Travel Advisory, I have decided to pursue my plans to travel abroad on a university-sponsored or university-related professional trip.

I acknowledge that my participation in this trip is voluntary. I know that I am not required to travel to _____ to complete my employment obligations at the University of Connecticut. I further acknowledge that if I choose to remain outside of the United States and cannot return to the United States at the time I would be expected to resume my employment obligations with the University of Connecticut, the terms and conditions of my employment could be impacted accordingly.

I am aware that I may be subject to risks including, but not limited to, terrorism, war, disease, injury, death, property damage and/or other unforeseeable dangers. I voluntarily assume all risks and release and hold harmless the State of Connecticut, the University of Connecticut, and its officers, agents, and employees from any and all claims, demands, and causes of actions, and from liability of any kind or nature whatsoever, including but not limited to bodily injury, death, and property damage, arising out of or relating to my participation in this education abroad program. I expressly intend that this release binds me, if I am alive, and my estate, family, heirs, administrators, personal representatives or assigns, if I am deceased. I understand that this release includes all transportation to and from the program and all aspects of my time overseas, whether my activities are directly related to the program or not

I have read and signed this document with full knowledge of its significance.

Participant Signature

Date

Printed Name of Participant

Attach a copy of the current United State Department of State Travel Advisory.