



LOUISIANA STATE UNIVERSITY

Louisiana State University  
Office of Accounting Services  
Accounts Payable & Travel  
217 Thomas Boyd Hall

**REQUEST TO TRAVEL TO RESTRICTED REGIONS FOR STUDENT STUDY TRIPS**

**AS296**

**Instructions:** At least 30 days in advance of the proposed travel, please complete all pages of this form (attaching additional pages, if necessary), obtain the required signatures on page 1, send to the International Travel Oversight Committee (ITOC) in care of Patrice Gremillion, Director of Accounts Payable & Travel at [pgremill@lsu.edu](mailto:pgremill@lsu.edu), and the final approved form must be attached to the Spend Authorization in Workday.

**Faculty Leader Details**

Name: \_\_\_\_\_ LSUID: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
Department: \_\_\_\_\_ Department Mailing Address: \_\_\_\_\_  
Business Manager: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Description of Program & Travel**

Title of Proposed Program: \_\_\_\_\_  
Location (list all countries and cities – *be specific*): \_\_\_\_\_

Travel Advisory of Restricted Region (*circle one*):    LEVEL    3    4

Exact Dates of Proposed Travel: \_\_\_\_\_

Please attach a list of student travelers (if applicable)

**Required Signatures**

Faculty Leader Name (please print): \_\_\_\_\_  
Faculty Leader Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Director/Dept. Head/Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Dean Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ITOC:        \_\_\_\_\_ Recommends approval        \_\_\_\_\_ Does not recommend approval  
Accounts Payable & Travel Administrator: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Approved        \_\_\_\_\_ Denied    VP for Academic Affairs: \_\_\_\_\_



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**Faculty Leader's Emergency Contact Information While Abroad**

*Please provide the appropriate information that Louisiana State University and/or outside sources may use to communicate with you in the event of a crisis:*

Traveler name as it appears on Passport: \_\_\_\_\_

Phone number(s) where traveler can be reached internationally: \_\_\_\_\_

Physical Address of all accommodations while abroad: \_\_\_\_\_

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**Alternate Emergency Contact Information While Abroad**

*Please provide an alternate person that Louisiana State University and/or outside sources may use to communicate with you in the event of a crisis:*

Name: \_\_\_\_\_ Relation to Traveler: \_\_\_\_\_

Phone Numbers (cell/work/home): \_\_\_\_\_

E-mail: \_\_\_\_\_

Physical Address: \_\_\_\_\_

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**Department Emergency Contact Information**

*Please provide departmental contacts for the University to work with in the event of a crisis:*

Name & Title: \_\_\_\_\_ Department: \_\_\_\_\_

Phone Numbers (cell/work/home): \_\_\_\_\_

E-mail: \_\_\_\_\_

Secondary Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

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**OTHER TRAVELERS**

*Please provide the names of any other travelers or individuals you will be working with during the trip:*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Affiliation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Affiliation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Affiliation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Affiliation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Affiliation: \_\_\_\_\_

**ITINERARY**

*Please provide a complete itinerary of your travel, including all departure/arrival dates, airline flight #'s, locations, and modes of transportation.*



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## SAFETY & SECURITY ASSESSMENT

The U.S. Department of State website is [www.travel.state.gov](http://www.travel.state.gov) and lists country-specific Travel Advisory for US citizens. Please summarize (do not copy/paste) the current U.S. Department of State Travel Advisory for your location.

1. With regard to current U.S. Department of State Travel Advisory and your own health/safety/security assessment of the proposed location, what risks might you encounter while traveling?
2. What specific steps will you take to mitigate these risks? What is your emergency plan as it relates to natural disasters, civil/political unrest, and medical emergency related to accident or injury? Please be as specific and detailed as possible.
3. Describe your level of familiarity with the proposed location. *Include professional connections, family living there, language abilities, familiarity with culture, experience visiting/living/working there, etc.*

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## COVID-19 ASSESSMENT

1. Have you received the appropriate immunizations and/or are aware of any required test results necessary to meet the country's entry requirements, including the COVID-19 vaccination?
2. Describe your plan or course of action if you are subject to COVID-19 quarantine restrictions at the time of entry or during your stay?

**NECESSITY OF TRAVEL**

1. Why must the travel take place at the proposed location?

2. Could you engage in a similar or alternate program in a different location?

3. How is the travel critical to the mission of the University?