

**INTERNATIONAL TRAVEL  
SAFETY AND RISK ASSESSMENT FORM  
Student Travel: Study Abroad/Research/Service Learning**

**Purpose:** To ensure that all travel with or by graduate or undergraduate students undergoes a review of health, safety, and security issues which may impact faculty, staff, and/or students on-site. This form should be used for international travel for class, service, volunteer-work, research, performance, tour or other reasons (the Program”), where the Program is administered by or affiliated with a department, school, or college of UNR. This form is not applicable to any international alumni travel or to consortia programs such as USAC or another third-party travel abroad provider. If the proposed Program will take place in multiple countries, an individual form must be completed for each country. NOTE: The *Travel Abroad Safety & Risk Assessment* form **must** be signed by the appropriate Department Chair prior to submission.

The form must be completed by the faculty, advisor, group or club leader or administrator in charge of or responsible for the Program (the “Travel Leader”). If the Travel Leader is not travelling with the participants, the Travel Leader must designate an individual traveling on the Program as the Secondary Travel Leader who will be serve in the role of the Travel Leader while the participants are traveling abroad.

**SUBMIT TO:** Risk Management at: [BCNRisk@unr.edu](mailto:BCNRisk@unr.edu). Please include the following documentation.

Signed *International Travel Safety and Risk Assessment*  
Attached proposed Program itinerary

**DEADLINES: 30 days prior to departure date**

If additional information is needed or if further consultation is required to assess the safety and security of the proposed Program, the Travel Leader will be contacted by the Travel Office. Once the Program is approved to move forward, the Travel Leader will be notified within five (5) working days.

*This portion is to be completed by Risk Management*

Date Received:		Date Reviewed:	
Date Revised:		Date Completed:	

Date Approved for Final Review	
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Signature: \_\_\_\_\_

**1. PROGRAM INFORMATION**

Program Name:		Travel Purpose: (course credit, service learning, volunteer)	
Travel Location: Specify county & Cities		Travel Leader Traveling with group: Yes or No	
Arrival Date:		Departure Date:	
Total number of days abroad:		Estimated number of participants:	
Sponsoring Academic Unit		Accepts non- UNR students:	

**PRIMARY TRAVEL LEADER**

Name:		EID:	
Title:		Department:	
E-mail:		Work Phone:	
U.S Cell Phone:		International Cell Phone:	

**SECONDARY TRAVEL LEADER**

Name:		EID:	
Title:		Department:	
E-mail:		Work Phone:	
U.S Cell Phone:		International Cell Phone:	

**DEPARTMENT CONTACT (If Travel Leader is traveling with student group)**

Name:		EID:	
Title & Department:		E-mail:	
Work Phone:		Cell Phone:	

**2. REQUIRED SIGNATURES**

<b>TRAVEL LEADER SIGNATURE</b>		
Name: <input type="text"/>	Title: <input type="text"/>	EID: <input type="text"/>
Signature: _____		Date: _____
<b>CHAIR (OR DEPARTMENT HEAD) SIGNATURE</b>		
Name: <input type="text"/>	Title: <input type="text"/>	EID: <input type="text"/>
Dept.: <input type="text"/>	E-Mail: <input type="text"/>	
Signature: _____		Date: _____
<b>Authorized by Provost</b>	<b>Date</b>	<b>Print Name</b>

### 3. PROGRAM PROPOSAL

#### OVERVIEW OF PROGRAM

##### A. Program Description & Location

Provide a brief description of the Program. Clearly address whether the Program is intended to be a one-time offering or a recurring opportunity and describe whether the participants are participating for academic credit, service learning, volunteering or other purpose:

Name of course (if applicable attach syllabus)

Is this course or field trip a requirement to achieve the objective of the course or major? ☐ Yes ☐ No

If yes, explain:

Can this field work or educational experience be performed elsewhere? ☐ Yes ☐ No

If no, explain:

Describe specifically where the Program will be based, including details regarding the local site, neighborhood, region and any other details to identify the specific site location:

##### B. Participant Profile & Projected Enrollment

Provide a roster list of those students that will be participating in the Program. If the actual student participants are not yet known, provide a profile of the expected Program participants (e.g., age, student, club association). Clearly indicate if travelers are UNR or non-UNR affiliated:

Describe the faculty, advisors or staff accompanying and/or coordinating the Program. Provide phone numbers and e-mail addresses. Clearly indicate if the on-site Travel Leader is UNR or non-UNR affiliated:

**C. Program Itinerary & Activities**

Provide specific details:

*Please attach further documentation if itinerary is complex*

**D. Arrival/Departure Transportation Logistics**

Describe how participants will travel to the initial Program site from the United States and if they will travel as a group or individually:

Specify who will make the travel arrangements:

Describe method of ground transportation from airport to the initial Program site:

Describe organizers accompanying participants: (if applicable)

Include any other details to highlight how risk will be mitigated during arrival/departure travel:

Confirm that on site Travel Leader will check in with department contact upon arrival to each leg of destination:

On Site Travel Leader Initials

**E. Program Transportation**

Describe how Program participants will access the Program site from the housing site on a daily basis:  
(i.e. taxi, bus, shuttle rental vehicle etc.)

If participants will be using public transportation, what information will be provided to the participants to assist them in doing so: (i.e. hours of operation, safety recommendations, accessibility)

Please describe and provide proof of liability insurance and or professional transportations driver qualifications: (weblink or brochure acceptable)

If using a rental vehicle, ensure that full liability and physical damage insurance is purchased with the rental agreement:

\_\_\_\_\_ Agree \_\_\_\_\_ Travel Leader Initial

**F. Housing/Program Facilities**

Describe where participants will be lodged, specific housing details (dorm rooms, home stay, etc.) and the location of these accommodations with respect to the Program site:

If using homestays, provide details on the individual/organization responsible for vetting the homestays and placing participants:

Provide a brief description of the Program facilities that will be used, such as classrooms or lecture halls:

**G. Medical/Emergency Facilities/Travel Insurance**

In the event of a medical emergency (on-site, off-site, or during field trips/excursions), how accessible is an adequate hospital, clinic, or medical professional? Please describe:

Describe how you will ensure that each participant has appropriate **travel insurance** that will include at minimum: emergency hospital deposits and emergency medical evacuation services: (this is not health insurance)

**SAFETY & SECURITY**

**H. Program Risk Mitigation Strategy**

Describe potential county/region security risks as identified by the U.S. Department of State for the specific destinations of travel: <http://travel.state.gov/content/passports/english/alertswarnings.html>

Describe the measures the Travel Leader or on site responsible person will take for mitigating any specific security risks: (Examples of such measures might include avoiding travel to certain neighborhoods or regions, using only specific means of transportation, not traveling alone after dark, etc.)

### **Smart Traveler Enrollment Program (STEP)**

All UNR travelers should register their travel with the US State Department using the Smart Travel Enrollment program (STEP).

<https://step.state.gov/step/>

STEP allows travelers to enter information about an upcoming trip abroad so that the Department of State can better assist in an emergency. STEP also allows Americans residing abroad to get routine information from the nearest US embassy or consulate.

Describe how it will be confirmed that each traveler, including Travel Leaders has registered for the STEP Program:

<https://step.state.gov/step/>

Provide the address and contact information for the embassy that is the closes to the Program site as well as the address and contact information for the embassy that will be closest when the participants travel: (if applicable)

### **I. Pre-Departure – Cultural Awareness**

Differences of religion, cultural norms, local traditions, and political attitudes can present challenges that may affect a students health and safety while travelling aborad. During pre-departure and on-site orientations, how will students be informed to modify their behavior to address these cross-cultural differences. Please describe in detail below:

### **J. Pre-Departure – Health, Safety, and Security Awareness**

Describe how pre-departure health, safety, and security information will be provided to Program participants and what content will be included:

Confirm that students will be provided with complete Department of State watch or warnings documents specific to the destination.

Travel Leader initials:

**K. Pre Departure Travel Waiver**

Each participant must review and sign an international travel waiver:

Who will be responsible to explain, obtain, review and maintain each waiver?

**L. Accommodations for Disabilities:**

Describe the process to review and address any accommodation that may be needed for participants with disabilities:

**M. Code of Conduct Violations:**

Describe how violations of the UNR Student Code of Conduct will be addressed:

**N. Day to Day Communications:**

Describe how day to day communications will be accomplished: (For example remote areas may need use of a satellite phone or other means of communication)

Does the area have internet access? ☐ Yes ☐ No

Does the area have satellite access? ☐ Yes ☐ No

**O. Emergency Evacuation**

In the event of a major emergency or problem, the Travel Leader and/or on site responsible person may need to evacuate the participants out of the area or even the country; therefore, the Travel Leader or on site responsible person must have general ideas how the participants could evacuate if necessary.

Please describe the proposed plan of action in the event of a need for an emergency evacuation:

Identify an emergency meeting place for each location you will visit as a group, in case the group is separated:

Identify when and how participants will be notified of these places in advance:



**P. Participants' Contact**

Identify the on site Travel Leader or on site responsible person that participants will check in with if they hear of an emergency in or near the program location while they are away from the group: (For example, if there was news of a bomb or explosion in the city while participants have free time, who should they check in with so the Travel Leader, UNR, and parents are aware that the participant is safe)

***Provide Contact phone number:***

**Q. Emergency Response Plan**

The Travel Leader and on site responsible person must be familiar with UNR's International Travel Emergency Management Plan. The Travel Leader must obtain a copy of UNR's International Travel Emergency Management Plan.

Has a copy of this document been provided to and reviewed by the Travel Leader and/or on site responsible person:

☐ Yes   ☐ No   \_\_\_\_\_ Travel Leader Initial

**R. On-Site Emergency Contact**

Provide information for at least one on-site person who has agreed to perform the necessary duties. **Include, name, title, affiliation with program, 24-hour phone number, office or land line phone number, satellite phone number (If applicable), e-mail address or office address. If there is on-site institutional emergency support (e.g., campus emergency line or 24/7 support staff) include that information as well:**

***Note: Please provide all phone numbers as if one were dialing from the U.S. (e.g., a Mexico City phone number would read 011-52-55-5080-2000)***

Has this person formally accepted this responsibility?   ☐ Yes   ☐ No   \_\_\_\_\_ Travel Leader Initial

**S. Back-Up Travel Leader**

Please indicate who will serve as back-up in case the Travel Leader or the on site responsible person is unavailable, or in case a participant gets sick and the Travel Leader or on site responsible person needs to stay with the sick person while the other staff members need to stay with the group. **Include, name, title, affiliation with program, 24-hour phone number, office or land line phone number, satellite phone number (If applicable), e-mail address or office address:**

***Note: Please provide all phone numbers as if one were dialing from the U.S. (e.g., a Mexico City phone number would read 011-52-55-5080-2000)***

Has this person formally accepted this responsibility?   ☐ Yes   ☐ No   \_\_\_\_\_ Travel Leader Initial