Completion of this form is required to apply for a waiver to MIT’s [International Travel Risk Policy](https://now.mit.edu/policies/mit-travel-policy/), “the policy” where certain countries or locations within countries have been designated as high or extreme risk. This form is to be used for faculty or program-led student group trips for academic purposes. Please apply at least two months before the anticipated date of entry into the high or extreme risk area in order for the review and decision process to be carried out. Forms submitted less than a month before entry may not have time to be processed for approval.

The group trip leader and / or applicant is responsible for collecting all relevant materials and is invited to consult with the Program Manager for International Health and Safety prior to starting this process. When completed, please email the form to high-risk travel committee at high-risk-travel-comm@mit.edu.

**Background and Instructions**

This high-risk travel waiver and approval process is designed to help the applicant and the sponsoring department (faculty advisor and department head) to review the risks and initial level of safety planning by the traveler. You will be asked to complete at least one on-line training, **Travel Awareness – higher risk** and if Kidnap is a factor in your area of travel, Kidnap Awareness will be included. Access to these trainings is available via the MIT International SOS website under the Training Hub.

The following sources and documents should be consulted and attached with the application:

* **Department of State - Travel Advisory (URL:** <https://travel.state.gov/content/travel/en/international-travel.html>)
* **Department of State - Overseas Security Advisory Council (OSAC) Country Security Report** for country or location. This can be found using any major search engine or browser such as Google, Chrome, Firefox, Safari, etc. Use key words such as OSAC Crime and Safety Nigeria 2018. The Crime and Safety reports are produced annually and depending on the time of year the current year’s may not have been released. If that is the case, use the previous year’s report.
* **Center for Disease Control Travel Recommendation by Destination:** (URL: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notices.html>)
* **International SOS Travel Security Consultation**: Send an email to: philadelphia@internationalsos.com and cc: Todd Holmes (tholmes@mit.edu). For the consult to be useful, the security advisor needs to know your nationality, dates, how you plan to arrive, how you will be picked up / manage your ground movements, what is your accommodation plan, how you plan to maintain international communications, what you have for local support and whether local support will facilitate movements, accommodations, contacts, accompany you, etc.
* MIT Medical Travel Health Clinic (URL: <https://medical.mit.edu/services/travel-health-clinic>)
* Traveler’s Personal Primary Care Physician if not accessing MIT’s Travel Health Clinic.

**1. Travelers Profile and Roster:**

|  |  |
| --- | --- |
| Traveler’s full name from passport to be used for travel. | *For groups, an excel spreadsheet is provided by contacting the Program Manager for International Safety and Security.* |
| Traveler’s Nationality:  |
| * Other Nationalities of traveler:
 |
| *Note if travel is approved, the passport data will be collected in the MIT Travel Registry)* |
| Traveler Type: (Undergraduate student, Graduate Student) | The spreadsheet provide a field to indicate type of travelers.  |
| ***Important Health Insurance note*** *– MIT students are covered under a* [*Student “Study Abroad” Medical*](https://insurance.mit.edu/services/international-travel/mit-study-abroad-student-health-insurance) *Insurance program – trip organizers and all students should read this. All others will need to confirm coverage abroad with their health insurance provider, including payment at time of service. If coverage is needed by the non-MIT students or travelers, please review the optional insurance coverage program offered by IMG at* [*this link*](https://insurance.mit.edu/optional-international-health-insurance)*. Any discussions on insurance should be coordinated with Sarah Brown (**se\_brown@mit.edu**) in MIT’s office of insurance.* |
| Travel Program Name (Sponsoring department, lab, center) |  |
| Is there another MIT co-sponsor or co-funder? If so, which? |  |
| What is the traveler’s familiarity with the language or level of fluency in the language of the area to be visited? |  |
| Is this location an area where the traveler has family or close ties? *You may discuss this further in the local support section (5) as well.* |  |

**2. Exact Destination Location(s) and Dates of Travel**

|  |  |
| --- | --- |
| Travel Location: Country/ies |  |
| * Has the applicant traveled to these locations previously?
 |  |
| * If yes, when and was an MIT policy waiver approved?
 |  |
|  |  |
| * Country, Region, City:
 |  |
| * + Dates of Travel:
 |  |
| *Add additional locations as needed.* |  |
| Describe your international travel experience. Use separate sheet if necessary. |  |
| Please list the names and address of places that you anticipate visiting during you travels (for work/study).*Student side trips for leisure to other countries in the region should be avoided.* |  |
| Please provide a map screenshot indicating locations where you will be staying, working, and / or visiting, please attach this in annex to this document. |  |
| Do you wish to raise other considerations?  |  |

**3. Travel Purpose & Activities**

|  |  |
| --- | --- |
| What is the purpose for the travel? |  |
| Please attach a research summary that a faculty advisor has reviewed. |  |
| Please state clearly **why this or these particular high or extreme risk locations are necessary** for the trip. |  |
| Is there no alternative non high or extreme risk location available to achieve the objectives of this trip? |  |
| What kind of activities will you be doing while on this international trip?Do any activities include extremes in climate, altitude, or remote /isolated locations? |  |
| If conducting research, will you be working with human subjects (e.g. observation studies, surveys, testing therapeutics)? Please indicate of COUHES approved or in process.  | Yes []No [] |
| If conducting research, will you be collecting personally identifying data (e.g. name, date of birth, biometric records)? | Yes []No [] |
| Will you be transporting any of the following across borders?  | Biological / chemical samples []Scientific equipment []Technology or research data []None of the above [] |
| Have you obtained or are you in the process of obtaining, the required visas or work permits? Please indicate any time deadlines for these processes. | Yes []No []Not applicable [] |
| Are you partnering or collaborating with a university other than MIT, an NGO, or another organization? If yes, please provide details and / or a copy of relevant correspondence.  | Yes []No [] |
| MIT Export Control: Please consult with consulted with the MIT Export Control Office as related to [International Travel and Conferences](https://research.mit.edu/integrity-and-compliance/export-control/international-travel-and-conferences) and [Off-Campus Research](https://research.mit.edu/integrity-and-compliance/export-control/campus-research). Please attach the reply.  |  |
| Any other relevant information you may wish to share? |  |

**4. Location Risk Information**

|  |  |
| --- | --- |
| **MIT Policy:** What is the country or area warning level? | MIT’s Travel Risk Policy follows State Department Risk Levels. |
| **US State Department Travel Advisory** What is the advisory date and what is the country and sub country levels and types of risks listed. |  |
| **Crime and Safety Report** for country or location. Source - Department of State Overseas Security Advisory Council (OSAC) | This document’s URL is found within the travel advisory.  |
| **CDC Travel Recommendation Level** (either no advisory or level 1, level 2, or level 3) |  |
| **ISOS Travel Security Consultation**Please provide International SOS Travel Security a detailed summary of your trip purpose and plans to obtain a risk review. Email to: philadelphia@internationalsos.com with a cc to tholmes@mit.edu  |  |
| Have you discussed your medical needs with your primary care physician and if advised, have you received advice on planning to manage your health while overseas? | Yes []No [] |
| Have you received, or are in the process of receiving all necessary and recommended vaccines? | Yes [] No []Not applicable [] |

**5. Local Support**

|  |  |
| --- | --- |
| Are you collaborating or supported by any local partner organizations, universities, NGOs, etc.  | Yes [] No [] |
| * If yes, please list their names, director, and your point of contact (names, email, phone number)
 |  |
| Will the local partner organization be providing logistical support (lodging, transport, communications, emergency?) | Yes []No [] |
| * If yes, please provide details for each category.
 |  |
| * If no, please how do you plan to manage your safety for each category?
 |  |
| Do you have any other concerns? \* |  |

**6. Accommodations**

|  |  |
| --- | --- |
| Do you need recommendations in safe areas/hotels for this trip? \** If yes, International SOS provides a list of reviewed business class hotels. For other venues, they may be able to perform a desk-top survey. This can be addressed in a trip brief.
 | Yes []No [] |
| What is the name and location and contact information for your accommodations? \* |  |
| How did you find this accommodation? For example, host or personal contact recommendation, Google search, MIT’s preferred travel provider, \* |  |
| Please provide the type, address, contact information (URL if available and GPS coordinates if available). |  |
| What information have you gathered to understand this location’s safety? \* |  |
| What is the location’s distance from ISOS recommended medical care, local medical care in general, the US or your own embassy? |  |
| Do you have any other concerns? \* |  |
| Please provide a map indicating locations where you will be staying, working, and / or visiting, please attach this in annex to this document. \* |

**7. Transportation**

|  |  |
| --- | --- |
| Flight details (estimated or actual)If planned but not purchased, please simply indicate departure, transit, and final destinations for a round trip. Note, nighttime arrivals pose higher risks. | *If purchased via the MIT preferred provider, The Travel Collaborative, this data is automatically fed into the International SOS Travel Tracker. If purchased from any other source than TTC, please instruct travelers to forward the e-ticket from their MIT email to* *MITTravel@itinerary.internationalsos.com* |
| What type of transportation do you plan on using to/from the airport upon arrival or departure? |  |
| How do you plan on reaching your final destination if more than air travel is required? |  |
| Once at the location, how will you commute daily? \* (walking, public transport, car service, etc.) |  |
| How do you plan to mitigate any of the identified risk in your local movement planning?  |  |
| Do you have any other concerns?\* |  |

**8. Communications**

|  |  |
| --- | --- |
| What are your primary, alternate, contingency, and emergency means of communications for MIT to reach you directly?  |  |
| List the names, telephone numbers, and email of any in-country contacts you plan on using. |  |
| Do you plan to have periodic check-ins with your hosts or academic department / advisor? Please elaborate |  |
| **Social Media:** User names (Twitter, Instagram, Facebook, LinkedIn) that could be used to reach you in an emergency abroad if we cannot reach you by your primary or associated contact information. \* |  |
| Please list your **personal emergency contacts** should MIT need to contact a family member or trusted friend on your behalf? |  |
| Do you have any other concerns?\* |  |

Additional Comments, Questions or Concerns

If you have any specific questions or concerns, please make them clear in your request for the ISOS team to address.

Background and Instructions

This high-risk travel waiver and approval process is designed to help the applicant and the sponsoring department (faculty advisor and department head) to understand initial risks and personal safety planning. The following sources and documents should be consulted and attached with the application:

* **Department of State - Travel Advisory (URL:** <https://travel.state.gov/content/travel/en/international-travel.html>)
* **Department of State - Overseas Security Advisory Council (OSAC) Country Security Report** for country or location. This can be found using any major search engine or browser such as Google, Chrome, Firefox, Safari, etc. Use key words such as OSAC Crime and Safety Nigeria 2018. The Crime and Safety reports are produced annually and depending on the time of year the current year’s may not have been released. If that is the case, use the previous year’s report.
* **Center for Disease Control Travel Recommendation by Destination:** (URL: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notices.html>)
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