



POLICY & PROCEDURE DOCUMENT

NUMBER: 0.1140
DIVISION: University
TITLE: Student Appeal to Travel to Restricted Locations
DATE: August 9, 2021
REVISED:
AUTHORIZED BY: Timothy C. Caboni, President

I. Purpose and Scope

Individual students who wish to participate in University-related activity abroad to a location for which the U.S. Department of State (USDOS) has issued a Travel Advisory Level 3 (“Reconsider Travel”) or a region which the University deems to present unnecessary risks to one’s safety and welfare, must petition the University for authorization to travel via the appeal process described herein.

II. Policy

Due to the serious risks of safety and security, the decision to travel to USDOS Travel Advisory 3 and/or CDC “Travel Notice 2” locations should be made with a serious understanding of the risks and a plan to mitigate those risks abroad.

Student travel, with or without accompanying faculty/staff, to locations listed as USDOS Travel Advisory Level 4 (“Do Not Travel”) and/or CDC Travel Notice 3 (“Avoid Nonessential Travel”) is prohibited. Appeals will not be considered for such travel.

Western Kentucky University reserves the right to cancel or suspend any program of study, research or service taking place abroad at any time if, at its sole discretion, the University determines that there is unnecessary risk to participants. The Provost, or the Provost’s designee, has final decision-making authority on university-related international travel.

II. Procedure

Complete an appeal form (see Appendix A of this policy). Completed appeal forms should be submitted to the Office of Global Learning and International Affairs (GLIA) and must be approved before the program/international opportunity will be confirmed.

IV. Related Policies

0.1020 International Travel Registration

0.1030 Faculty and Staff Travel to Countries Under U.S. State Department Travel Warnings

0.1130 Student International Travel Policy

V. Reason for Revision

Appendix A
Student Appeal Form

Name:

800#:

Email Address:

Phone Number:

TRAVEL DETAILS

Attach a detailed itinerary including lodging locations, daily activities, and note any days in which you expect to be travelling to another location with the mode of transportation you intend to use.

Proposed Destination(s):

Proposed Travel Dates:

On-Site Contacts (Name & Phone/Email):

Name of Sponsoring Organization or N/A:

Travel Purpose: What is the purpose of this proposed travel, specifically, how does it relate to your academic and/or professional goals? Provide compelling reasons for the necessity of traveling to the proposed destinations. If you plan to receive academic credit, please also list the courses you expect to take. If you are conducting research, please indicate the name of the WKU faculty advisor

SAFETY & SECURITY ASSESSMENT

Please review the USDOS website (<http://travel.state.gov>) and attach a copy of the current advisory(s) listed for your proposed destination(s).

1. **Current Advisories/Notices:** Explain the current USDOS Travel Advisory(s) for your proposed destinations and the underlying reasons for the advisory or notice. Identify each specific health, safety, or security risks described for your destination country.
2. **Safety/Security Assessment:** Please consider the following and identify potential risks:
 - a. Security of proposed accommodations
 - b. Available on-site transportation and distance between accommodation and your place of study
 - c. Access to local law enforcement or security agencies
 - d. Proximity of closest US embassy or consulate

- e. Ease of evacuation from region, including ability to cover necessary expenses and your ability to afford an extended stay on-site due to an evacuation not being possible

3. **Health Assessment:** Please consider the following and identify potential risks:

- a. Access to health care facilities, (please include the address(es) and contact information for the nearest health care facility(s) covered your international health insurance.
- b. Your ability to pay for any up-front medical needs on-site, including hospitalization
- c. Effects of any possible mandated medical quarantines upon arrival (How is it managed? Who will pay?, etc.)

4. **Risk Mitigation:** Identify specific steps you will take to mitigate each of the risks you identified above in questions 1 &2, demonstrating that all known risks have been considered in a thoughtful and deliberate matter.

5. **On-Site Structure & Support:** Please describe the structure of the program (e.g. if it is hosted by a partner university, if it resides at a study center, if it includes internship placements, if it includes excursions, etc) and the level of on-site support you expect to receive from the sponsoring organization of your proposed travel, such as supervision on-site and the formal program and site orientation. Please include links to any webpages that may provide more information on nature of program and on-site support.

6. **Housing:** Please describe your on-site accommodation arrangements for the duration of your travel.

7. **Communication:** Please provide detailed information on the following-

- a. How will you access safety & security updates while on-site, and do how you intend to keep informed of current events which may present an unnecessary risk?
- b. Describe how you intend to stay in communication with WKU and others back home.
- c. How may WKU contact you on-site should they become aware of a safety or security situation in the region? Include detailed on-site contact information for each of the accommodations in which you intend to stay.

REQUIRED PROOF OF INSURANCE

All travelers are required to obtain international health and medical insurance, including emergency evacuation coverage for the duration of their international travel.

Will you be provided comprehensive insurance coverage by a sponsoring organization of your proposed travel? *If yes, please attach a copy of the insurance plan and coverage information. If no, the Office of Study Abroad & Global Learning will enroll you in CISI coverage upon appeal approval and bill the premium amount to your TopNet account.*

Yes / No (circle choice)

I, _____, before travel to _____ (country(s) of travel), agree to be enrolled in the CISI comprehensive insurance plan provided to Western Kentucky University and have the insurance premium billed to my WKU student account if I do not have insurance covered by a sponsoring organization or WKU finds the insurance provided by a sponsoring organization to be lacking.

ASSUMPTION OF RISK & INDEMNIFICATION

I, a participant in an international education program, have read the U.S. Department of State travel advisories for _____ (country(s) of travel). I have described the risks identified by the US Department of State and aware of the risk of harm that is assumed in travelling to these locations. Participant is aware that inherent in any travel to the country(s) of travel Participant shall be exposed to potential violence, disease, and the risk of bodily harm, even potential death. Participant understands that by electing to travel to a location(s) that is subject to the current travel advisories and notices, they are potentially assuming a substantial additional degree of risk above and beyond those risks enumerated above. I further recognize that there may be other risks than those identified. Knowing these risks, Participant agrees, on behalf of their family, heirs, and personal representative(s), to assume all the risks and responsibilities surrounding their travel.

Participant expressly acknowledges and agrees that Western Kentucky University is not responsible, nor shall Western Kentucky University be liable for any injury to or death of Participant while traveling or participating in the study abroad referenced herein. Participant agrees to indemnify Western Kentucky University and its Officers, Trustees, agents and employees and hold them harmless from any and all claims, demands, suits, rights and causes of actions of whatever kind or nature, including but not limited to negligence, unforeseen bodily and personal injuries, costs, expenses, damages and liabilities, including attorney fees brought as a result of Participant's travel to and within _____ (country(s) of travel) including Participant's participation in the subject study abroad and further, to reimburse the University for any such expenses incurred.

CONDITIONS OF APPROVAL

If Appeal approval is granted, participant agrees to the following pre-departure and on-site requirements:

1. Register with GLIA by completing the WKU Study Abroad Application
2. Enroll in the Department of State's Smart Traveler Enrollment Program (STEP)
3. Purchase international medical and evacuation insurance as recommended by GLIA
4. Complete a pre-departure orientation offered by GLIA

5. Submit an Emergency Action Plan (EAP) and at all times carry an electronic and hard copy of the EAP which includes, at a minimum, participant's international medical & evacuation insurance information, the closest medical facility in each location, and local law enforcement contact information

6. Uphold the WKU Student Code of Conduct

PARTICIPANT SIGNATURE

I (also referred to herein as "Participant") have read all provisions of this Appeal to Travel to Restriction Locations and I fully understand their meaning and effect. I acknowledge that I am signing freely and voluntarily, and intend by my signature that this Appeal shall operate as a complete and unconditional liability with respect to Western Kentucky University and its Officers, Trustees, agents and employees to the greatest extent allowed by the law. By my signature, I attest that all of the information relevant to this Appeal is accurate and up-to-date at this time.

Signature: _____ **Date:** _____

APPROVAL

Signature: _____ **Date:** _____
(Provost or designee)