

Group Travel Petition for Risk Designated Location(s)

OVERVIEW

The International Risk Management Advisory Board (IRMAB) provides oversight for KSU student international travel to locations deemed to be high risk ([International Safety and Security](#)).

Petitions for group student travel to high-risk locations should be submitted to gobalsafety@kennesaw.edu **AT LEAST 60 DAYS IN ADVANCE OF TRAVEL** Group

TRIPLEADER INFORMATION

College/Department: _____ Graduate Student Credit Hours Completed: _____ GPA: _____

Intended Ac

ACADEMIC INFORMATION

Dates of Travel: _____

Country(ies) of Travel: _____

Itinerary of cities/regions where you will arrive and depart, as well as reside and visit during travel.

Does your itinerary include travel to any country or regions within the country that the [U.S. Department of State Travel Advisory](#) has assigned a higher category?

Accommodations

Arranged by sponsor (local university)

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PERSONAL CONTINUITY AND EMERGENCY PLANNING

Consular and Emergency Assistance

List the location(s) and contact information of your country's embassy and/or consulate nearest the location(s) where you will be traveling.

What is the local equivalent of 911 in the destination country(ies)?

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Emergency Action Plan

If you are partnering with a university, NGO, or other organization, please request a copy of their emergency protocol or evacuation plan. Emergency Action Plan • • } š] % o X š š Z] •

Provide your emergency action plan for your time abroad. Please consider the following scenarios in your contingency planning:

- a) A crisis prompts an advisory shelter in place. Consider the capacity of intended accommodation to provide access to potable water, food, and electricity for two or 0.6 (y)-1.8 (f)6.8 (or 0 Td (ac3 (c)4.3 (y))TJ 0 Tc 0 Tw 9J 0 Tc 0 Tw (or)2.6 9.96 0 0 9.96 588i)5 (de)9.1 (r.3

OISS RECOMMENDATIONS

OISS stipulations for travel based on the proposal:

Travel registration requirements: _____

Geographic restrictions or recommendations: _____

Communication requirements: _____

Safety check in protocol: _____

Transportation and movement safety requirements or recommendations: _____

Lodging requirements or recommendations: _____

Other/additional (if applicable) - (if applicable)

I acknowledge that the proposed travel requires the group to register their travel with the K 8 of International Safety & Security and with On Call International, as well as enroll in KSU's Zurich/On

COLLEGE/UNAPPROVAL