

Georgia Institute of Technology
Policy on Restricted GT Student Travel Abroad as part of
Educational/Experiential Programs

Georgia Institute of Technology monitors information relevant to the safety and security of Georgia Tech students abroad. In evaluating the risks associated with student travel abroad, Georgia Tech gives primary consideration to Travel Advisories issued by the U.S. Department of State (US DoS) and Health Notices issued by the Centers for Disease Control and Prevention (CDC).

Students are not permitted to travel abroad as part of an educational/experiential activity in a country with an overall US DoS Travel Advisory Level 3 (*Reconsider Travel*) or Level 4 (*Do Not Travel*) and/or a CDC Health Notice Level 3 (*Avoid Nonessential Travel*) or Level 4 (*Do Not Travel*).

Students are permitted to travel abroad as part of an educational/experiential activity to countries with an overall US DoS Travel Advisory Level 1 (*Exercise Normal Precautions*) or Level 2 (*Exercise Increased Caution*) and/or CDC Health Notice at Level 1 (*Practice Usual Precautions*) or Level 2 (*Practice Enhanced Precautions*).

Note: Certain areas within any country with an overall Travel Advisory Level 1 or Level 2, may be designated within the Travel Advisory as either Level 3 (*Reconsider Travel*) or Level 4 (*Do Not Travel*) locations. As such, students will not be allowed to travel to or reside in these specific areas as part of an educational/experiential activity.

A complete list of U.S. State Department Travel Advisories is published on their official web site:
<http://travel.state.gov>.

To review Travel Health Notices highlighted by the Centers for Disease Control and Prevention:
<https://www.cdc.gov/>

This policy applies to students who are participating in an overseas activity affiliated with Georgia Tech while matriculated at the Institute. This includes, but is not limited to, international internships, faculty-led study abroad, exchange programs, research abroad, embedded study abroad courses, international academic projects, international conferences, service trips abroad, alternative service breaks abroad, registered student org trips abroad, CRC international activities, ORGT groups traveling abroad, etc.

Proposals will not be approved, and agreements will not be signed for programs or activities in countries or areas of countries with Level 3 or Level 4 Travel Advisories/Health Notices.

Should the Travel Advisory or Health Notice rating change to a Level 3 or Level 4 after an activity or program abroad is planned, approved, or is in progress, the GT Emergency Response Plan for Programs Abroad will be activated for decision-making.

The Institute's **Appeal Committee on Restricted Student Travel Abroad** will consider appeals of this policy for student travel as part of an educational/experiential activity to countries, or areas within countries, with a Level 3 Travel Advisory or Level 3 Health Notice. Appeals for student travel to locations with an active Level 4 Travel Advisory or Level 4 Health Notice will not be accepted nor approved.

Georgia Institute of Technology
Exceptions to Policy on Restricted GT Student Travel Abroad

If GT faculty/staff/students wish to ask for an exception to the Policy on Restricted GT Student Travel Abroad for countries, or areas within countries, with a Level 3 and/or Level 3 Health Notice, the Institute's **Appeal Committee on Restricted Student Travel Abroad** will review the request.

Committee members:

Vice Provost for International Initiatives
Vice Provost for Undergraduate Education
Vice Provost for Graduate Education & Faculty Development
Director of Global Operations - VPPI
Executive Director of International Education
Director of Education Abroad
Study Abroad Committee Chair
Dean of Students
Legal Affairs (one representative)
Assistant Director of Outdoor Recreation
Associate Dean – Center for Student Engagement
Faculty member without administrative post (one representative)

Requests for exceptions may be made, time permitting, by emailing the International Risk, Safety and Security Director. The appeal document is attached as an appendix to this policy. Additional information for consideration may also be submitted along with the form. Requests for exceptions should include:

1. General information about the request (which country, departure/return date, itinerary, length of time in country, who you be living with, etc.)
2. Why does this program/internship/activity/trip need to take place in this particular location? Why not in another location that is not rated as a Level 3 Travel Advisory/Health Notice?
3. How would this program/internship/activity/trip add to the education of the student(s)? Is this activity a degree/graduation requirement?
4. What are the greatest risks for student(s) in this location and how will those be mitigated?
Requests should be specific about strategies/policies/procedures/arrangements that would be in place to mitigate risks that are highlighted in the Travel Advisory/Health Notice.

The International Risk, Safety and Security Director will convene the committee upon receipt of materials listed above. The Committee will review and make a recommendation to the President/Provost for consideration. The International Risk, Safety and Security Director will inform the petitioner of the President's/Provost's final decision via email.

Please note, submission of an appeal does not guarantee that an exception will be granted.

Travel Appeal for Risk Designated Location(s)

OVERVIEW

The Restricted Travel Appeal Committee (RTAC) provides oversight for student international travel to [locations deemed to be at high risk](#).

Appeals for student travel to high-risk locations should be submitted to erin.rasche@gatech.edu at **least 60 days in advance of travel**. Please complete the form and attach any additional pages as necessary to submit the appeal. Restricted travel appeals are assessed and reviewed by the RTAC. It is strongly recommended to submit an appeal prior to confirming travel and logistical arrangements.

INDEPENDENT TRAVELER/TRIP LEADER INFORMATION

Name: _____ College/Department: _____
Email: _____ Cell Phone: _____
Standing: ☐ Undergraduate ☐ Graduate ☐ Faculty/Staff GT ID: _____

If traveling in a group, please provide contact information for all travelers to include name, email address and cell phone number.

PROPOSED TRAVEL

Name of Program (if applicable): _____
Term: _____ Dates of Travel: _____
Country(ies) and City(ies) of Travel: _____

Please submit a full itinerary of cities/regions along with corresponding dates where the traveler(s) will arrive and depart, as well as reside and visit during travel.

Traveler/trip leader's experience with proposed location

☐ Home country or permanent residence ☐ Traveled previously ☐ First time traveling

If you selected "traveled previously", please provide dates and type of travel conducted prior:

If English is not the official language of the host country(ies), please indicate level of fluency in official language of host country.

☐ First/native language ☐ Prior language studies ☐ No familiarity

What specific risk indicators are identified in your destination's(s') [U.S. Department of State Travel Advisory](#)?

☐ C- Crime ☐ T-Terrorism ☐ U-Civil Unrest ☐ H-Health ☐ N-Natural Disaster
☐ E - Time-limited Event ☐ K-Kidnapping ☐ D-Wrongful Detention ☐ O-Other

Describe any arrangements in your travel planning that mitigates the traveler's(s') exposure to identified risk indicators.

ACADEMIC RATIONALE

Sources of funding (if applicable): _____

Is this activity a degree/graduation requirement? ☐ Y ☐ N

Non-GT Travel:

Is the travel associated with a sponsoring organization (e.g. field school, NGO, university, etc.)?

☐ Y ☐ N

If **yes**, university/sponsoring entity's name: _____

Primary contact at the organization: _____

Is this a conference, internship, study or service opportunity? ☐ Y ☐ N

Is this travel related to research? ☐ Y ☐ N

If yes:

Topic: _____

Research advisor's name: _____

Research advisor's email: _____

Please articulate the compelling academic rationale for undertaking this particular study, research or engagement within the particular risk designated country(ies) or location(s). Address the academic objectives, how the experience applies to Georgia Tech degree requirements and why an alternate site(s) would not provide an equivalent academic experience.

TRAVEL LOGISTICS

Accommodations

- ☐ Arranged by a sponsor (local university, organization or host, etc.) ☐ Arranged individually

Intended residences (check all that apply)

- ☐ Dormitory ☐ House/lodge/site owned by local organization ☐ Hotel/hostel
☐ Local house/apartment ☐ Shared accommodations (e.g. Airbnb)
☐ Homestay with local family ☐ Other: _____

Provide the name, address and contact information for intended accommodations in each location.

Transportation

Intended forms of transportation (check all that apply):

- ☐ Private transportation arranged by local organization ☐ Taxis
☐ Public transportation (e.g. buses, train, subway) ☐ Watercraft (e.g. boats, ferries)
☐ Personal/rented vehicle with you as driver ☐ Other: _____
☐ Open air vehicle (e.g. truck bed, motorcycle)

PERSONAL CONTINUITY AND EMERGENCY PLANNING

Communications

How can Georgia Tech contact you in-country in the event of an emergency (personal cell, rented cell, etc.)?

Contact Person: _____ Type: _____ Number: _____

Other forms of communication to be utilized while abroad:

- ☐ WhatsApp Number: _____
- ☐ WeChat Number: _____
- ☐ Skype Name: _____
- ☐ Other Specify: _____

Do you plan to travel to remote locations where you may not have cellular or wifi access? ☐ Y ☐ N

Provide an additional local, in-country emergency point of contact in your intended destination.

Name: _____ Email: _____ Phone: _____

Does this individual speak English? ☐ Y ☐ N If **no**, primary language: _____

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.

Local equivalent of 911 in the destination country(ies): _____

Note that there may be multiple numbers for different emergency services. For non-native speakers, it is also encouraged to be aware if first responders to these numbers speak English.

Emergency Action Plan

If you are partnering with a university, NGO or other organization, please request a copy of their emergency or evacuation plan if they have one and submit it with your appeal. Otherwise, please complete this Emergency Action Plan subsection.

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

- a) A crisis prompts an advisory to shelter in place. Consider capacity of intended accommodations to provide access to potable water, food and electricity for 2 or more days (e.g. is there a kitchen, assured access to potable water, or a generator).
- b) A crisis prompts an alert to temporarily depart the area. Please identify an alternate location in the country/region for temporary shelter. List any location(s) along with the address and contact details of the facility.

- c) An elevation of a crisis in-country necessitates travel to be canceled prior to departure or prompts an evacuation. Describe your continuity plan to complete academic work, maintain access to research and if relevant, receive academic credit.

Health and Medical

Are there any [CDC Travel Health Notices](#) for the country(ies)? ☐ Y ☐ N

If yes, please provide link(s) and personal mitigation strategies.

Have you identified the nearest hospital or clinic? ☐ Y ☐ N

List the name and facility(ies):

Is it within 50-miles or 1-hour drive of the cited itinerary location(s)? ☐ Y ☐ N

TRAVELER ACKNOWLEDGEMENTS

☐ I acknowledge that all travelers should be enrolled in the university's supplemental international insurance policy for the duration of their university-supported international travel.

☐ Travelers should enroll in the Department of State [Smart Traveler Enrollment Program](#) (STEP).

☐ Travelers are advised to have a Travel Medical Consultation at [Stamps Health Services](#) or travel clinic prior to travel.

☐ All students participating on university-affiliated international travel experiences must either complete an education abroad program application or register their travel with the international travel registry.

Traveler/Trip Leader Name (Print): _____

Traveler/Trip Leader Signature: _____

Date: _____

Internal IRSS Documentation (Leave Blank)

CISI Risk Rating: _____

CISI Medical Risk Rating: _____

Specific risk area risk levels (3+), if applicable:

CISI providers (if any) identified based on the itinerary provided:

24/7 Emergency Care available ☐ Y ☐ N

Preferred provider available ☐ Y ☐ N

OFAC Comprehensive Sanctions ☐ Y ☐ N

IRSS Recommendations

Geographic restrictions or recommendations

Communication/Check-in requirements

Transportation and movement safety requirements or recommendations

Lodging requirements or recommendations

Additional considerations (if applicable):

