

COVID-19 | Petition for Study Abroad – Faculty-Led Programs

Faculty Director Name:	Date:
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School:	Department:
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Program Name:

International Travel Destination(s):

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(City) (Country) (Arrival Date) (Departure Date)

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(City) (Country) (Arrival Date) (Departure Date)

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(City) (Country) (Arrival Date) (Departure Date)

Travel Statement

During the pandemic, all travelers must present a compelling reason and robust safety plan in order to travel to any international destination the Centers for Disease Control or U.S. State Department deems at-risk. This enhanced petition procedure is meant to support a critical evaluation of program operations, as well as decision making and practices that can mitigate the traveler's exposure to COVID-19.

This current form should be submitted to the Rutgers Global–Study Abroad office to begin the University exception process. Note: Approval will be needed from the University Travel Approval Advisory Group (TAAG) during the pandemic for approval. All travelers must be informed of the following:

- No student, faculty, or staff is required to travel abroad or participate in a study abroad program at this time. Any international travel during the pandemic is strictly voluntary, and at the participant's discretion.
- The university retains the right to withdraw approval prior to departure and/or require the traveler to leave a high-risk location at any time.

Submission

For Rutgers Faculty submitting this petition to approve group travel, this form must be filed with Rutgers Global–Study Abroad a minimum of two months prior to travel.

Travel Preparation

I have reviewed the following resources concerning the selected travel destination during the planning stages and will continue to review these resources up the departure.

- Rutgers travel guidelines
- Centers for Disease Control and Prevention (CDC) guidance: [before](#) and [after travel](#)
- U.S. Department of State (DOS) [Travel Advisories](#); also review the U.S. Embassy's web page for your destination country linked in the Travel Advisory
- CDC [Travel Health Notices](#) map and other [Traveler Guidance](#)
- Travel Destination's Immigration and Customs Regulations
- Airline's travel policy (if/when known)

<input type="checkbox"/> Yes	Initial in the box to the right that you have read and will continue to keep yourself updated until departure	
<input type="checkbox"/> No		

Location Information

U.S. Department of State COVID-Related Travel Advisory Level: <input type="checkbox"/> Level 1: Exercise Normal Precautions <input type="checkbox"/> Level 2: Exercise Increased Caution <input type="checkbox"/> Level 3: Reconsider Travel <input type="checkbox"/> Level 4: Do Not Travel	CDC COVID-specific Travel Health Notice rating: <input type="checkbox"/> Unknown <input type="checkbox"/> Level 1: Low <input type="checkbox"/> Level 2: Moderate <input type="checkbox"/> Level 3: High <input type="checkbox"/> Level 4: Very High
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Rationale for Travel

1. **Please explain the rationale for travel at this time.** In your response, describe the nature of the program (credit / not for credit) and reasons for seeking approval.

Please be detailed as you answer these questions.

Travel Logistics

2. **What are the COVID-related entry requirements for your destination?** (Please address all of the following for both entry into the country and participation in your program of study – e.g., Negative test, proof of insurance coverage, proof of COVID-19 vaccination, etc.)

3. What is the status of entry for your program destination? Who are the travelers permitted to enter?

☐ All travelers are permitted to enter. There are currently no immigration restrictions.

☐ Only select travelers may enter, and my group falls in a permitted category.

Please state permitted category:

☐ Entry for my group is not permitted at this time.

Please provide any re-opening details, should this support your reason for applying for travel approval:

4. Does your destination restrict travelers from specific countries? Please list.

Note: Your student participants may be international students traveling from a non-US location.

Quarantine / Isolation

5. Will a self-quarantine period be required upon arrival at your destination?

☐ Yes. List your quarantine arrangements pertaining to your destination/programs:

☐ No quarantine required for entry.

COVID-19 Testing and Procedures

6. How will you obtain COVID testing in your destination country if needed? (Describe where, the process associated with testing, and any costs.)

COVID Prevention and Health Care

7. Faculty Directors should be prepared to support the safe operation of the program.
e.g., commit to routine COVID-19 mitigation practices, such as wearing a face covering, practicing social distancing, engaging in frequent hand washing/sanitizing, limiting gatherings as directed by a host institution, organization, or government, participating in symptom reporting or surveillance testing (if required, often using a mobile phone app), staying at home if ill, and following guidelines from designated local health authorities.

☐ Yes, I am willing to comply with all safety procedures and am prepared to require that students follow these guidelines as well.

Please list your program's COVID prevention requirements, as it relates to the above list:

☐ No, I am not willing to comply.

8. Where is the nearest hospital or clinic in your destination location(s) where you can receive medical care, if needed? *Please provide names and address of the nearest medical facilities to both your residence and your program teaching site.*

Academic Transition Plan

9. Please provide details regarding your academic transition plan should the program be interrupted due to COVID or any other disruption.

Financial Concerns

- 10. Have you consulted with RGSA regarding financial contingency plans and is your program prepared to financially manage any additional costs or cover last-minute change of plans involving quarantine, extra testing, transportation and accommodations?**

☐ Yes. Please provide details about your preparation:

☐ No