

Form Submission Date:	

COVID-19 Travel Ban Exception Request

Form SA1 – Faculty-led Study Abroad Travel

Rutgers faculty, students, staff, post-doctoral fellows, and administrators who determine a need to engage in study

comple	tes this for	m. Group t as space p	travelers ermits,	s must each adding addi	sign and tional det	date a Travel V ails on Page 4,	wing questions. The Study Vaiver Form. For Question if necessary, and attaching an informed decision.	ns 4 and 5, provide
1. Identif	y your Rutg	gers affiliat	ion:					
Und	ergraduate	e Grad	uate	Faculty	Staff	External Par	ticipants	
2. Is the primary purpose of travel to study abroad, to perform research abroad, to participate in an internship, or to participate in a service-learning program?								
Yes	No	Study Abr	oad	Research A	broad	Internship	Service-Learning Progra	m
3. Will th	e program	be for-cred	dit or no	t-for-credit?)			
Yes	No	For-Credit	t No	t-For-Credit	t			
of risk be hospitals/ note that	managed k clinics/doc Rutgers Ur	by the prog stors that w niversity str	ram dire	ector and sto accessible s	udents? I should yo	Please explain l u or someone i	vels as of the date of filing now risks will be managed, n the program test positiv een vaccinated for COVID-	, including likely e or fall ill. Please
Yes	No	Explain:						
all COVID	-19 regulat	ions and gu	uidelines	of New Jer	sey, the L	JS government	Domestic and International, and the countries/location planned travel? Explain as	ns visited during
Yes	No Expla	anation:						
	e study abr onse/recor		•	en pre-appr	oved by t	he Rutgers Glo	bal Study Abroad office? I	f so, please attach
Yes	No							
If the ans	swers to qu	estions 2-6			•		has been provided for ques	stions 4 and 5, then

complete the prompts for the remainder of this form to the best of your ability. The Study Abroad Planner and Requestor (person submitting this form other than the Study Abroad Planner) will receive an email from the "Travel Authorization" mailbox with the review outcome. Further details are available at the Travel Guidance webpage found at https://academicaffairs.rutgers.edu/travel-guidance.

Study Abroad Planner and Requestor Information: Rutgers Department: Planner Name: Chancellor Unit: _____ Planner NetID: Planner Cell Phone: Requestor Name: _____ Planner Email: Rutgers Address: Requestor Email: Travel Dates: ______ to _____ Purpose of Travel: For Business Office Use Only: General Unit Division Organization Location **Fund Type Business Line Activity** Account **Ledger String** (4-digit) (3-digit) (4-digit) (4-digit) (4-digit) (3-digit) (4-digit) (5-digit) **Project String Project Project Name** Task **RU** Initiative *Optional (6-digit) (3-digit) (6-digit)*

Trip Itinerary (Include all legs legs of travel)

Funding Through Rutgers Not Required ____

Means of Travel	Estimated Cost	Departure Date	Departure City	Arrival Date	Arrival City

Please add any additional legs of travel in the boxes on Page 4 of this form.

If this COVID-19 Travel Ban Exception Request form is fully approved, University Travel will contact the Study Abroad Planner and Requestor with further instructions and will send the approved form to the Rutgers-approved travel agency for travel booking assistance. International travel must be registered through University Risk Management and Insurance. Following the completion of travel, the final approved COVID-19 Travel Ban Exception Request form must be attached to the submitted travel/expense report.

Study Abroad Planner Travel Requirements Representation Related to COVID-19

(Group travelers must each sign and date a Travel Waiver Form)

2019 (COVID-19), many international, federal, state, and other COVID-19 containment requirements for interturn, I hereby agree to comply with all international relating to COVID-19. Further, I understand and agree COVID-19, or some other virus or sickness. By engaging in this travel, I acknowledge and accept addresses the questions on Page 1 completely and the	re that due to health and safety concerns caused by the Coronavirus and local governments have implemented quarantine guidelines international and domestic travelers. While travelling and upon my al, federal, state, local, and University requirements and guidance see that travel during a pandemic involves a risk of contracting these risks. By signing this form, I affirm that the travel request moroughly, the travel request meets the criteria of being essential of a travel-ban exception may be changed as a result of new
Signature: Name: Date:	
1) Study Abroad Planner/Requestor Signature: Name: Title:	nial of Travel Exception Request 2) Funding Source Business Office Signature: Name: Title: Date:
A) TAAG Representative Signature: O Name: ' 8 k Title:) o Date:	4) Department Chair Signature: Name: Title: Date:
Signature: Name: Title: Date:	6) EVP/SVP or Chancellor/Provost [Drop Down Listing] Signature: Name: Title: Date:
Travel Reason Authorization for Denied Denial: Name, if Denied:	

Questions? Please contact travelauth@rutgers.edu.

Additional Details for Questions on Page 1 **Additional Legs of Travel**

Means of Travel	Estimated Cost	Departure Date	Departure City	Arrival Date	Arrival City