



Form Submission Date: _____

COVID-19 TRAVEL BAN EXCEPTION REQUEST

Form SA2 – External Provider Study Abroad Travel

Rutgers faculty, students, staff, post-doctoral fellows, and administrators who determine a need to engage in study abroad activity that requires international travel must answer the following questions. The Study Abroad Planner completes this form. Group travelers must each sign and date a [Travel Waiver Form](#). For Questions 4-6, provide explanations as space permits, adding additional details on Page 4, if necessary, and attaching any further documentation that will assist the reviewers in making an informed decision.

1. Identify your Rutgers affiliation:

Undergraduate Graduate Faculty Staff External Participants

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 Abroad Research Abroad Internship Service-Learning Program

3. Will the program be for-credit or not-for-credit?

Yes No For-Credit Not-For-Credit

4. Please list (or attach a copy of) the CDC and US State Department risk levels as of the date of filing. Can these levels of risk be managed by the program director and students? Please explain how risks will be managed, including likely hospitals/clinics/doctors that would be accessible should you or someone in the program test positive or fall ill. Please note that Rutgers University strongly recommends that all travelers have been vaccinated for COVID-19 prior to travel.

Yes No Explain:

5. Can the Rutgers Safety First Principles referred to in the [Guidelines for Domestic and International Travel](#), as well as all COVID-19 regulations and guidelines of New Jersey, the US government, and the countries/locations visited during the travel and while abroad be adhered to in the course of the activity and planned travel? Explain as appropriate.

Yes No Explanation:

6. Has the study abroad travel plan been pre-approved by the Rutgers Global Study Abroad office? If so, please attach their response/recommendation.

Yes No

If the answers to questions 2-6 are "Yes" and an explanation/justification has been provided for questions 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 Travel Requirements Representation Related to COVID-19

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

I, _____, am aware that due to health and safety concerns caused by the Coronavirus 2019 (COVID-19), many international, federal, state, and local governments have implemented quarantine guidelines and other COVID-19 containment requirements for international and domestic travelers. While travelling and upon my return, I hereby agree to comply with all international, federal, state, local, and University requirements and guidance relating to COVID-19. Further, I understand and agree that travel during a pandemic involves a risk of contracting COVID-19, or some other virus or sickness.

By engaging in this travel, I acknowledge and accept these risks. By signing this form, I affirm that the travel request addresses the questions on Page 1 completely and thoroughly, the travel request meets the criteria of being essential and location-specific, and understand that approval of a travel-ban exception may be changed as a result of new COVID-19 information.

Signature: _____
Name: _____
Date: _____

Authorization or Denial of Travel Exception Request

1) Study Abroad Planner/Requestor

Signature: _____
Name: _____
Title: _____
Date: _____

2) Funding Source Business Office

Signature: _____
Name: _____
Title: _____
Date: _____

3) TAAG Representative

Signature: *This Section will be completed*
Name: *by a TAAG Representative*
Title: *during the DocuSign form*
Date: *review process.*

4) EVPAA

Signature: _____
Name: _____
Title: _____
Date: _____

_____ Travel Authorization Denied Reason for 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