

University of La Verne

Student International Travel Request for Review and Approval

Student travel to international location(s) that have a current designation of **3-Reconsider Travel** by the U.S. Department of State Consular Travel Advisory Service information system.

Name of program or trip:

Purpose of travel:

Start date:

End date:

Countries included in itinerary:

Number of students:

Number of faculty or staff:

Names of faculty or staff:

Name of requestor:

Date of request:

Signature:

Please separately attach the following materials:

- Exhibit A: Full travel itinerary
- Exhibit B: Safety Training Program / Orientation
- Exhibit C: Emergency / Contingency Plan

Please feel free to submit any additional materials that you believe will be useful to the review committee in an evaluation of the proposed travel. Email your packet to asoto@laverne.edu.

For additional questions:

Alex Soto

Director of Risk Management

asoto@laverne.edu

909-448-4516

University of La Verne

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Committee Review / Decision

Name of program or trip:

Purpose of travel:

Start date:

End date:

Name of committee reviewer:

Signature of committee reviewer:

Office of the Provost:

Recommendation

Approved as presented

Approved with modifications:

Approval not recommended:
