

SOUTH DAKOTA STATE UNIVERSITY
Request for Waiver of Travel Warning Policy

Name of person requesting waiver: _____	
Status: <input type="checkbox"/> Faculty	<input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Other _____
Department/College: _____	
E-mail address: _____	Phone: _____

Country to which travel is planned: _____
(Please attach a copy of the most recent Travel Warning for that country. Travel Warnings can be found at travel.state.gov)

Type of activity planned: *(refer to policy for definitions)*

- Faculty-led Study Abroad Program
- Exchange Study Abroad Program
- Affiliated Study Abroad Program
- Individualized Learning Activity Abroad (please describe: _____)
For Individualized Learning Activity Abroad, please provide supervising faculty's name and signature indicating support of this petition
Supervising Faculty Name: _____

- Supervising Faculty Signature: _____

Dates of Planned Travel: _____

Statement of Activities, Risks, and Mitigating Factors

Please attach a statement describing the types of activities planned, the risks outlined in the Travel Warning, and how the program or activity will address/mitigate those risks. Statements should include a general itinerary of the travel, type of support infrastructure in place to handle emergencies, previous experience traveling to that country, and any other details relevant to the safety and security of the traveler(s).

Please return completed form and attachments to:
Office of International Affairs
Briggs Library 119, Box 2115
Brookings, SD 57007

For OIA Use Only:	
Date Received: _____	Date sent to Subcommittee: _____
Subcommittee Action: <input type="checkbox"/> Recommend approval to VPAA	Date _____
<input type="checkbox"/> Request Denied	