



Petition for Exception Instructions

This petition is intended for faculty, staff, graduate/professional students, and undergraduate students who wish to pursue travel in a location currently under a Travel Suspension Condition.

The International Travel Oversight Committee's Executive Body will review the petition, assess local conditions, and send a recommendation to the appropriate Dean's office for a decision. It is recommended that you submit your petition 6-8 weeks prior to your anticipated departure to ensure adequate time for the committee and Dean's office's review and the traveler's planning.

Submit your completed Petition for Exception to itoc@wustl.edu.

Please contact itoc@wustl.edu with any questions.

PART A: TRAVELER INFORMATION

To be completed by the traveler.

Name: _____

Role (faculty, staff, graduate student, etc.): _____

University e-mail address: _____

Pronouns: _____

School/CFU and department/unit: _____

Destination(s) (city and country): _____

Travel dates: _____

Passport's issuing country: _____

PART B: TRIP INFORMATION

To be completed by the traveler.

Please provide the following information:

Nature of work

Explain the nature of your work/research and any precautions you are taking in light of the health and safety risks associated with your destination, including COVID-19 precautions.

Description of international travel experience

Have you traveled abroad before? Have you visited/worked in the petitioned destination before? If so, how many times?

Description of local resources

Will you work with a local institution, university, or other partners? How long have you worked with them? What local resources do they provide you with during your trip? What other support systems do you have in place locally?

Description of travel logistics

What are your lodging accommodations? Do your accommodations allow you to self-isolate, if necessary? Please be as detailed as possible, including any information about how these accommodations were chosen and/or vetted for safety and security.

What are your transportation methods? How will you get from the airport to your accommodation? From your accommodation to your worksite? If there are multiple destinations on your trip, how will you travel between them?

Does your destination have reliable cell phone/internet connectivity? In the event of an emergency, how can you be reached?

Other considerations

Is there any additional information that the ITOC Executive Body should consider when reviewing this petition?

PART C: TRAVELER ACKNOWLEDGEMENT OF THE PETITION PROCESS

To be completed by the traveler.

By signing below and submitting this packet, I acknowledge and confirm the following statements:

If my travel is approved...

...travel conditions may change prior to my departure that would require the university to reverse its approval and cancel my trip.

... in order to travel, I will have to complete the Pre-Travel Checklist (provided after approval by the Global Travel Safety Manager).

...travel conditions may change while I am abroad in which the university would recall me to the U.S., and I would have to leave prior to my planned departure.

...my supervisor is aware that my trip may be extended if travel conditions change and I am unable to return as planned.

I will consult with Occupational Health Services/Habif Health and Wellness or cancel my trip if I...

...experience COVID-19 symptoms within 14 days of my departure date.

...test positive for COVID-19 within 14 days of my departure date.

... come into contact with someone who has tested positive for COVID-19 within 14 days of my departure date.

While abroad, I will notify the university if I...

... seek a COVID-19 test based on the recommendation of a healthcare professional.

...come into contact with someone who has tested positive for COVID-19 within the past 14 days.

Traveler's signature: _____ Date: _____

PART D: PETITION DECISION

To be completed by the Dean, Dean's designee, Vice Chancellor, or Vice Chancellor's designee. The ITOC will send this form to the appropriate office for a decision once the review is complete.

After reviewing this Petition for Exception packet in its entirety and the recommendation made by the International Travel Oversight Committee Executive Body, I, _____, on behalf of, _____.

agree with the International Travel Oversight Committee Executive Body's recommendation and approve this trip.

agree with the International Travel Oversight Committee Executive Body's recommendation and deny this trip.

understand that the International Travel Oversight Committee Executive Body recommends that this trip not proceed and the risks associated with this trip; however, I am approving this trip.

understand that the International Travel Oversight Committee Executive Body recommends that this trip proceed; however, I am denying this trip.

Name (printed): _____

Signature: _____

Date: _____