Petition for Exception Instructions

This petition for exception must be approved by your department chair before the International Travel Oversight Committee (ITOC) Executive Body will review it.

A physical signature, electronic signature, or an e-mailed statement included with the petition submission are all acceptable.

Once approved by your Department Chair and completed, submit the document to itoc@wustl.edu with the subject line: “Petition for Exception –Your First Initial. Last Name”. For example, “Petition for Exception –G. Smith”.

Upon review, the ITOC Executive Body will deliver a recommendation to your respective Dean, or their designee. If approved, you will be notified and be required to complete all tasks on the Pre-Travel Checklist. This includes signing a Statement of Personal Responsibility and Acknowledgement of Risk, indicating in part that you have read any applicable travel warnings and understand the potential associated risks of traveling abroad but are voluntarily choosing to travel despite those risks. If the ITOC Executive Body does not recommend a trip proceed, or that it should proceed only if certain conditions are met, they will notify the Dean and the Provost to discuss the concerns to inform the Dean’s ultimate decision.

Please contact itoc@wustl.edu with any questions.
Part A: Traveler Information
To be completed by the traveler.

Name: _________________________________________________________

University e-mail address: __________________________________________

School and department/unit: ________________________________________

Destination(s): ____________________________________________________

Dates of Travel: ___________________________________________________

Passport’s issuing country: __________________________________________

Part B: Declaration of Essential Travel
To be completed by the traveler’s Department Chair.

By signing below, I confirm that I have reviewed the purpose of the traveler’s trip, it meets the selected essential criteria, and cannot be deferred until the travel suspension condition is lifted. Please select all that apply.

☐ Suspension or delay will result in certain loss of grant funding, or failure to meet required completion deadlines
☐ Suspension or delay will result in a breach of contract that OGC advises cannot be avoided
☐ Suspension or delay will cause significant damage with an institutional partner
☐ Suspension or delay will result in loss of an important academic, or other institutional opportunity that is unlikely to occur again in the foreseeable future

Department Chair’s name (printed):________________________________________

Department Chair’s signature:_____________________________________________

Date: ______________________
Part C: Trip Information
To be completed by the traveler.

Please prepare a 1-page document with the following information.

• Nature of work
  o Explain the nature of your work/research and any precautions you’re taking in light of the risks posed by COVID-19. For example, if your research involves interviewing people, how are you adjusting your process to appropriately social distance? If you are being hosted by another institution, what information have you received from that institution regarding protective measures? If you will be working in a clinical setting, what information have you received from the clinic location regarding protective measures?

• Description of international travel experience
  o Have you traveled abroad before?
  o Have you visited/ worked in the petitioned destination before? If so, how many times?

• Description of travel logistics
  o What are your anticipated lodging accommodations? Do these accommodations allow for you to self-isolate, if necessary?
  o How will you transit between the airport and your lodging accommodations?
  o Does your destination have reliable cell phone/ internet connectivity?

• Description of local resources
  o Will you work with a local institution, university or other partner?
  o What support system do you have in place locally?
Part D: Traveler Acknowledgement of 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…

… I understand that 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 all items included in the Pre-Travel Checklist.

… I understand that travel conditions may change while I am abroad and the university may advise that I return back to the U.S. prior to my planned return date.

… I will abide by the local entry requirements of my destination. I understand that this may mean self-quarantining in my accommodation or a designated facility for up to two weeks upon entry. This may also mean providing recent negative test results or taking a test upon entry.

… I will abide by all guidance listed in the Return from Travel plan that I will receive from the university 3-5 days prior to my return flight. This guidance may include up to a 14-day mandatory self-quarantine before I am allowed to return to campus.

… My supervisor is aware that I may not be able to return to campus immediately after my trip, depending on the latest university travel restrictions.

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

If prior to my travel…

… I experience any symptoms that could be related to COVID-19
  • Fever/Chills
  • Unexplained muscle pain/body aches
  • Trouble breathing
  • New or worsening cough
  • Sore throat, different from your seasonal allergies
  • New or worsening diarrhea (not consistent with chronic medical conditions)

OR

If I have a household contact or intimate partner who is
• awaiting COVID-19 testing
• suffering from fever/respiratory illness or
• who has tested positive and is still under quarantine

I will contact Occupational Health/Habif Health & Wellness Center (1-314-362-5056) for an assessment and clearance to travel.

…Occupational Health/Habif Health & Wellness Center advises that I be tested and/or isolated, I cannot travel until I have received a release from isolation from the Department of Health and/or clearance from Occupational Health/Habif Health & Wellness Center.

…Occupational Health/Habif Health & Wellness Center, or the Department of Health as applicable, advises that I cannot travel, I will not travel. I will follow all guidance from Occupational Health/Habif Health & Wellness Center and the Department of Health.

If during my trip...

…I experience any symptoms that could be related to COVID-19
• Fever/Chills
• Unexplained muscle pain/body aches
• Trouble breathing
• New or worsening cough
• Sore throat, different from your seasonal allergies
• New or worsening diarrhea (not consistent with chronic medical conditions)

OR

I am exposed to someone who is
• awaiting COVID-19 testing
• suffering from fever/respiratory illness or
• who has tested positive and still under quarantine

I will contact GeoBlue for an assessment.

…a healthcare professional advises that I be tested and/or isolated, I cannot travel until I have a negative test result or have received clearance from the healthcare professional.

…a healthcare professional or public health official advises that I cannot travel, I will not travel. I will follow all guidance from healthcare professionals and public health officials.

Traveler's signature: _____________________________________

Date: ______________
Part E: Dean's Office Decision

To be completed by the Dean or the Dean's designee.
Please check the box of your decision and sign below.

After reviewing this Petition for Exception packet in its entirety and the recommendation made by the International Travel Oversight Committee Executive Body, I, ___(name)___, on behalf of ___(school)___,

☐ 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 recommended that this trip should not proceed and the risks associated with this trip; however I am approving this trip.

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

Dean's/ Dean's designee's name (printed): ________________________________

Dean/ Dean's designee's signature: ________________________________

Date: ________________