

SPECIAL AUTHORIZATION TO TRAVEL REQUEST FORM

Students must complete this form to apply for special authorization to travel to a destination under an official Government of Canada Travel Advisory. Locations with a risk rating of “Avoid non-essential travel” and “Avoid all travel” will not be authorized for student travel for University sanctioned activities unless exceptional circumstances exist, as outlined in Western’s and the affiliated university colleges Safety Abroad policies.

Exceptional circumstances must demonstrate that the travel is academically essential and present a well-developed safety plan, supported by the Faculty Dean/Academic Unit Head, and affiliated university college where applicable. Students who are approved for Special Authorization to Travel will be ineligible for Western mobility funding.

Instructions:

1. Complete **sections A to G**.
2. Obtain the necessary signatures in **section H**. In order for Western International to assess this request, the form must be signed by [1] the Faculty/Staff Member supporting the travel, [2] the Faculty Dean/Academic Unit Head approving the travel, and [3] the Affiliated University College approving the travel for students enrolled at Huron or King’s.
3. Submit the fully completed and signed form to travelregistry@uwo.ca.
4. Western International will consult with International SOS (ISOS) and other resources, as necessary, to assess the request.
5. Final authorization is determined by:
 - the Vice Provost International for Western students
 - the Director, Recruitment & Admissions for students enrolled at Huron University College
 - the Academic Dean for students enrolled at King’s University College

Students, as well as the Faculty/Staff Member and Faculty Dean/Academic Unit Head supporting the travel, will be notified of the authorization outcome once a final decision has been made.

This form must be completed **no later than 6 weeks prior to the proposed travel dates**. Please note that the **assessment process may take up to 3 weeks**. Questions about this process can be emailed to travelregistry@uwo.ca.

A. STUDENT INFORMATION

First Name: _____ Last Name: _____ Student Number: _____
Campus: _____ Faculty: _____
Academic Level: _____ Citizenship (include all that apply): _____
Address: _____ City: _____
Province: _____ Postal Code: _____ Country: _____
Phone Number: _____ Email: _____

B. FACULTY/STAFF MEMBER SUPPORTING THE TRAVEL

Faculty/Staff Member Name: _____
Faculty: _____ Department/Unit: _____
Phone Number: _____ Email: _____

If any other faculty or staff members are involved in planning for this travel activity, please list their names and respective faculty/department/unit:

C. TRAVEL DETAILS

Activity Provider or Affiliation: _____
(which campus is your international activity organized through or affiliated with)

Institution/Organization Abroad: _____

Country: _____ Province/Region: _____

City (or nearest City): _____

Date of Departure: _____ Date of Return: _____

Purpose of Travel:

1. Describe your overall level of travel experience:

2. Describe any previous experience or background that you have in this region, including your level of proficiency in the foreign language:

3. Describe the range of activities that you will be engaged in during the international activity:

4. Summarize your complete travel itinerary, including [1] **all locations** you will be travelling to and/or visiting, [2] **dates**, [3] **mode of transportation** you will be using between and within the locations, and [4] the **accommodations** where you will be staying:

Location	Dates	Transportation [Private Vehicles, Commercial Carriers (bus, plane, etc.), Other]	Accommodation

5. Are others traveling with you? Yes No

If yes, please list their names, affiliations (i.e. Western Student, Western or affiliated university college Faculty member, etc.), nationalities, any previous travel experience to this location and their level of proficiency in the foreign language:

D. SUPPORT AND GUIDANCE IN THE REGION

Contact Information at the Host Institution/Organization Abroad

Host Contact First

Host Contact Last Name:

Name: Phone Number:

Email:

1. Describe the host institution's/organization's current risk management policies and what they will do to ensure your safety.

2. If the safety of your situation changes how will you leave the area? What emergency plans are in place?

3. Indicate your communication plans with your international program lead at Western or the affiliated university college:

E. ACADEMIC NECESSITY OF TRAVEL

1. Is this travel part of a credit-based activity at Western or an affiliated university college? Yes No
If yes, please indicate the course number and/or program name:

2. What significant negative consequences to your academic program will occur if you don't complete this international activity now?

F. MEDICAL & TRAVEL INSURANCE

All Western and affiliated university college travellers are required to possess out-of-country medical insurance.

Regardless of your insurance plan, it is important to review and become familiar with exactly what your plan covers, how long it lasts, and where and how it works. Be sure to ask whether the plan covers pre-existing medical conditions. Ask the insurance provider to explain the definition, limitations and restrictions of any pre-existing conditions, tests, and treatments you may have undergone.

I acknowledge that I have reviewed the Insurance Coverage details outlined in the [Safety Abroad Steps for Students](#).

1. What **medical insurance** have you purchased in light of the Canadian government travel Advisory? Please provide the insurer's name, policy number, and evidence of coverage.

2. What **travel insurance** have you purchased? How do you plan to mitigate risks associated with potential travel disruptions (e.g. flight cancellations, entry/exit travel bans imposed by regional governments, etc.), including associated costs?

G. RISK ASSESSMENT AND EMERGENCY PLANNING

List identified hazards associated with the proposed international travel and activity abroad, including risk management measures planned or taken for eliminating or reducing risks to acceptable levels.

Please use the following resources to assist you in completing the risk assessment and planning specific to your travel destination for the **potential hazards you identify associated with the proposed international activity**.

- **International SOS (ISOS) country guides.** Access these resources through the [ISOS member portal](#) using Western's email.
- **Government of Canada destination specific [travel information](#).**

<p style="text-align: center;">Hazard</p> <p><i>Identify the potential hazard (health, security & safety).</i></p> <p><i>An example has been provided to you.</i></p>	<p style="text-align: center;">Risk Analysis</p> <p><i>After researching your destination and host institution's/organization's policies and current response plans, identify the likeliness of the hazard occurring during your travel and how the occurrence of this hazard will impact you.</i></p>	<p style="text-align: center;">Risk Management Plan</p> <p><i>After consulting the ISOS and Government of Canada resources, identify how you plan to mitigate risks, should the hazards occur.</i></p>
<p>EXAMPLE: Infectious diseases and parasites</p> <p>List below any other identified potential hazards associated with the proposed international activity.</p>	<p><i>The most common infectious disease I will likely be exposed to is Malaria.</i></p>	<p><i>For malaria, I will be taking anti-malaria drugs (Lariam) during the course of my time in the country. I have used this drug many times prior and know I do not suffer any side effects from it.</i></p>

Hazard	Risk Analysis	Risk Management Plan

H. SIGNATURES

I acknowledge that I have completed the required Pre-Departure Training

Date completed: _____

I acknowledge that I have reviewed the [Safety Abroad Steps for Students](#)

Student Name: _____

Student Signature: _____ Date: _____

The Faculty/Staff Member who supports this travel

YES

NO

Name of Faculty/Staff Member: _____

Signature of Faculty/Staff Member: _____

Date: _____

Faculty Dean/Academic Unit Head who approves this travel

YES

NO

Name of Head of Unit: _____

Signature of Head of Unit: _____

Date: _____

Affiliated University College who approves this travel, if applicable

YES

NO

NOTE: Students enrolled at the affiliate university colleges are required to discuss their travel plans and seek approval from their respective international offices prior to this form being submitted to travelregistry@uwo.ca:

- Students enrolled at Huron University College, contact huron@uwo.ca
- Students enrolled at King's University College, contact international@kings.uwo.ca

Name of Affiliated University College member: _____

Signature of Affiliated University College: _____ Date: _____