

**PLEASE SIGN AND FILE THIS FORM WITH YOUR DEPARTMENT HEAD BEFORE TRAVELING**

Please read the MIT Travel Risk Policy at [http://informit.mit.edu/epr/3.1travel\\_risk.html](http://informit.mit.edu/epr/3.1travel_risk.html) before completing this form since completion of this form is not required for travel to all countries.

**GRADUATE and UNDERGRADUATE STUDENT TRAVEL FORM**  
**(Revised 10.17.07)**

Traveler's Name: \_\_\_\_\_

MIT Department: \_\_\_\_\_

Dates of Trip/Destination(s): \_\_\_\_\_

Attach Itinerary (include modes of transportation to, within and from destination(s), hotels/housing, and schedule).

In connection with my trip to the above-referenced destination(s):

1. I have carefully identified, reviewed and considered the risks of travel to my destination(s), including by reading the most recent relevant U.S. State Department ("DoS"), Centers for Disease Control ("CDC"), and World Health Organization ("WHO") Travel Warning(s) available through <http://travel.state.gov/>, <http://www.cdc.gov/>, <http://www.who.int> (Travel Warning), as well as the MIT Travel Risk Policy at [http://informit.mit.edu/epr/3.1travel\\_risk.html](http://informit.mit.edu/epr/3.1travel_risk.html), April 22, 2003 memorandum from MIT at [http://informit.mit.edu/epr/3.4travel\\_info.html](http://informit.mit.edu/epr/3.4travel_info.html), and the State Department's updated worldwide caution at <http://www.travel.state.gov/travel/wwc1.html>.
2. I have checked with MIT's Insurance Office to determine whether MIT's travel insurer will provide me with business accident-emergency medical travel insurance ("Travel Insurance") for my destination(s), *and such coverage is available*.
3. I know I am not required or encouraged to travel, and I may not be coerced to travel to my destination(s). Nevertheless, I have decided my trip is essential and I alone am responsible for the decision to travel. Check if applicable: \_\_\_\_ I am traveling to my home country and would make this trip for personal reasons in any event.
4. Unless I am traveling home in any event or I have obtained a waiver from MIT's Chancellor, MIT disapproves of, and, MIT accounts may not fund any, student travel (i) to locales where DoS personnel or their families are prohibited to go or are ordered or permitted to leave, (ii) to places where MIT's Travel Insurance is unavailable to travelers, and (iii) to places where DoS, CDC and/or WHO find a serious health risk and inadequate medical care or where quarantine is required upon or before re-entry to the U.S. Under no circumstances whatsoever will I travel to or through any such disapproved areas, or use any mode(s) of transportation which U.S. government personnel or their families are prohibited to use. (See Travel Warning and its periodic updates.) I know these areas/modes of transportation pose heightened serious risks of conflict, terrorist activity, and other dangers.
5. I know conditions in my destination(s) may change rapidly and will stay informed of current events on a frequent, at least daily, basis by obtaining updated security and health information from, and registering with, the nearest U.S. Embassy or Consulate General (see Travel Warning for contacts), and from the DoS, CDC and WHO websites. I will also enroll in the warden system with the U.S. Consulate(s) nearest my destination(s). If I am not a U.S. citizen, I will register with my home country's Embassy or Consulate and get updated information from the U.S. and my home country's Embassies or Consulates, and the DoS, CDC and WHO websites.
6. I have taken note of the safety and emergency preparedness and contact information in the MIT Memo, Travel Warning and MIT emergency web page, <http://emergency.mit.edu/emergency/>. I have obtained summary information regarding MIT's Business Travel Accident insurance coverage and International SOS travel assistance services from the Insurance Office website: [http://controllers.mit.edu/site/insurance/policies\\_procedures/business\\_travel\\_accident\\_insurance](http://controllers.mit.edu/site/insurance/policies_procedures/business_travel_accident_insurance) and will contact the Insurance Office should I need additional assistance.

\_\_\_\_\_  
TRAVELER'S SIGNATURE

\_\_\_\_\_  
DATE:

**For Undergraduate Students:**

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

(signifying discussion of risks and, if student is under 18, consent)