

International Travel Approval/Notification Form

This form serves as the control document for the International Travel Policy of Abilene Christian University.
Please refer to the [International Travel Policy](#) for details and requirements.

Faculty/Staff name and title _____ Ext. _____ Email _____@acu.edu
Sponsoring office, department or college (as appropriate) _____

Travel Details

1. Destination(s) _____

2. Purpose of Trip (Must include: goals, activities and names of all participants of the program as an attachment.)

3. Trip Dates (Notate if dates are approximate) _____

4. Which risk advisory level is your travel location(s)?
(Check for travel advisory levels at [https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html/.](https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html/))

Low-Risk: Level 1 ____ Level 2 ____
High-Risk: Level 2 (with Level 3 or 4 regions within the country) ____ Level 3 ____ Level 4 ____

5. Will students be traveling? Yes ____ No ____
If *no*, skip questions 6-8 and submit this form to the Travel Approver.
If *yes*, do you understand the responsibility of Travel Organizers as explained in Appendix A of the International Travel Policy? Yes ____ No ____

6. Name of Travel Organizer _____ Email of Travel Organizer _____@acu.edu
A Travel Organizer is anyone who arranges University-related or University-supported non-credit-related international travel for a student or group of students (e.g., a faculty or staff sponsor of an ACU student group). Travel Organizers might or might not actually participate in the travel.

7. Will the Travel Organizer travel with the group? Yes ____ No ____

8. Expected group size _____

9. Is this an ACU Missions related trip? Yes ____ No ____

10. Low-Risk **notification only**? Yes ____ No ____ (Notification to Risk Mgmt. is still required if trip approval is not necessary)

APPROVALS (if required by policy)

Travel *without* students to High Risk Destinations:

Travel Approver _____
•Approve •Deny _____ Date _____

Travel *with* students to Low Risk Destinations:

Travel Approver _____
•Approve •Deny _____ Date _____

Travel *with* students to High Risk Destinations*:

Travel Approver _____
•Approve •Deny _____ Date _____

Office of Institutional Compliance & Risk Management (risk@acu.edu)
•Approve •Deny _____ Date _____

Sr. VP of Operations or Provost (as appropriate)
•Approve •Deny _____ Date _____

Please submit this form for signature via Adobe Acrobat Sign. If this trip is low risk, please copy risk@acu.edu and provostforms@acu.edu when you submit this form via Adobe Acrobat Sign.

* The International Travel Request Approval/Notification Form must be provided to Risk Management at least two weeks before trip departure.