

# MIT High-Risk Travel Waiver Application

**Student travel is NOT permitted to locations with Extreme- or High-Risk country warning levels.** MIT strongly urges all MIT travelers to review the Institute's International Travel Risk Policy. No one may be required or coerced to travel to any location with an Extreme, High or Medium travel warning. MIT defines a high-risk destination as follows:

Countries, regions, or cities under a U.S. Department of State Level Three or Level Four Travel Advisory or a Centers for Disease Control and Prevention (CDC) Warning Level Three. At times and in certain circumstances, MIT may also apply the designation "High-Risk" to a location that poses a specific health or safety concern.

Students seeking a waiver of this policy may apply using the application form and process outlined below. The waiver review process has been designed to assist the applicant (individual student or lead faculty/instructor) in identifying risks and proposing mitigation measures. **The Student(s) is/are the applicant(s) and must complete the document.**

Waiver requests are evaluated based on the following two criteria:

1. **Academic Necessity:** Compelling rationale for the student(s) to travel to this specific location to achieve essential academic objectives, and demonstrated lack of practical lower risk alternatives
2. **Risk Management:** The thorough identification and proposed mitigation of security, health, and safety risks

The waiver application process can be lengthy, so please contact Todd Holmes (tholmes@mit.edu) as early as possible in your travel planning process and allow ample time for review. **Applications submitted less than four weeks prior to departure will not be processed under any circumstances.**

MIT's Vice Chancellor reviews all waiver requests and may rescind approvals at any time should conditions change.

# High-Risk Travel Waiver Application Process

	Individual	Group
<b>Step 1: Initial Consultation</b>		
	Contact the Program Manager for International Safety and Security (ISS) for an initial consultation as soon as possible in your travel planning process. (Todd Holmes: tholmes@mit.edu)	
<b>Step 2: Application Preparation and Timing</b>		
	Plan to submit your application at least two months in advance of the proposed travel.	Group or course applications should be initiated during course planning prior to the start of the semester. Initial approval may be granted once all the steps are completed; however, a second review is required once course enrollment is complete.
	<p>Please consult and attach the following location-specific sources and documents with the application:</p> <ul style="list-style-type: none"> <li>● <b>Department of State - Travel Advisory</b> (<a href="https://travel.state.gov/content/travel/en/international-travel.html">https://travel.state.gov/content/travel/en/international-travel.html</a>)</li> <li>● <b>Department of State - Overseas Security Advisory Council (OSAC) Crime and Safety Report</b></li> <li>● <b>Center for Disease Control Travel Health Notices</b> (<a href="https://wwwnc.cdc.gov/travel/notices">https://wwwnc.cdc.gov/travel/notices</a>)</li> <li>● <b>International SOS – MIT Membership Portal</b> (<a href="http://www.internationalsos.com">www.internationalsos.com</a>) MIT's membership number is 11BSGC000066.</li> <li>● <b>International SOS Travel Security Consultation:</b> Email a detailed summary of your proposed trip purpose and plan to securitysupport@intlsos-cr.com and cc: tholmes@mit.edu. Include risk review in final application. The summary should be reviewed with Todd Holmes to ensure key review elements are not omitted. International SOS may provide its location risk rating as part of the review. This rating may not align with nor override the MIT rating.</li> </ul>	
<b>Step 3: Academic Endorsement</b>		
	The process requires three letters (separate or combined) of academic endorsement: 1) the faculty member responsible for the trip, 2) the department head, and 3) the Dean of the School. If applying from an MIT Program which may be outside of this hierarchy, consult with the high-risk travel committee to determine who are the appropriate academic individuals to endorse. In the endorsement letters, faculty members should specifically address the academic necessity for the	

	high-risk travel and have reviewed the risk assessment and proposed mitigation plan.
<b>Step 4: Mandatory Safety + Security Training</b>	
	Online security training must be completed by all applicants, including the faculty leader or instructor, prior to the committee's referral of the waiver request to the Office of the Vice Chancellor.
	The course instructor must also hold a risk briefing with all enrolled students and ISS Program Manager as part of the pre-approval process.
<b>Step 5: Submission, Review + Decision</b>	
	Completed applications include: <ul style="list-style-type: none"> <li>• Current State Department and / or CDC advisories in effect. This includes any State Department Security Alerts.</li> <li>• Certification of online training completion</li> <li>• All required faculty academic endorsements</li> </ul>
	Applications are submitted to the Chair of the High-Risk Travel Committee, who will review the form and contact the applicant(s) for clarification, should questions arise.
	The High-Risk Travel Review Committee will review the complete application materials. Based on careful analysis, the Committee makes a recommendation to the Vice Chancellor, who may request additional information or an in-person meeting.
	The Vice Chancellor makes a final decision, which is communicated back to the applicant(s) by the Chair of the High-Risk Travel Review Committee. (There may be follow-on activities post-approval requiring completion pre-departure.) The decision cannot be appealed.  Some travelers will be required to use the Active Monitoring program. This will have been discussed during the initial application consultation.

# High-Risk Travel Waiver Application (\* indicates a required field)

## 1. FOR GROUP AND FACULTY-LED REQUESTS: Faculty or Instructor Contact Information

- a. Faculty or Instructional Leader: Name, Email and Phone #
- b. Administrative Officer (AO) Name, Email and Phone #
- c. Please attach a copy of the course syllabus or research proposal.

## 2. Traveler Profiles: TO BE COMPLETED FOR EVERY TRAVELER

- a. Traveler's full name from MIT Student Information System\*
- b. Additional names a traveler may use
- c. Gender\*
- d. Preferred Gender Pronouns
- e. MIT email \*
- f. Traveler Citizenship \*
  - i. Do you hold a valid passport for more than one country? \* If yes, which?
- g. Traveler Affiliation to MIT\*
  - Undergraduate (Y1, Y2, Y3, Y4)
  - Graduate Student
  - Ph.D. Candidate
  - Cross Registered
  - Trip Leader
- h. Have any of the traveling students lived, worked, or studied in this location, please elaborate. Do they maintain family ties?
- i. Alternatively; have any of the traveling students lived, worked, or studied in similar high-risk environments, please elaborate;
- j. Traveler (s) proficiency in the local language?

## 3. Exact Location(s) and Dates of Travel

- a. Arrival Date
- b. Departure Date
- c. Travel Location: Country/ies \*
  - i. Have you traveled to these locations previously? \*
  - ii. If yes, when and was an MIT policy waiver approved?
- d. Proposed Dates of Travel between locations\*
- e. Is this location an area where you have family or close ties? \* *You may discuss this further in the local support section (5) as well.*

## 4. Travel Purpose & Activities

- a. What is the nature or purpose of the travel?
  - i. Please attach a course description or research summary prepared by the responsible faculty member/s.

- b. Please state the reasons **why travel to this or these particular high or extreme risk locations is necessary** to meet your educational objectives and if a lower risk alternative could accomplish some or all of your academic needs.
- c. What kind of activities will you undertake while on this trip? \*
- d. Do any activities include extremes in climate, altitude, or remote / isolated locations? \*
- e. Have you signed a contract or received a grant to perform this research or conduct this course in the specific high-risk location and / or any other locations?
- f. Are you collaborating or leveraging any MIT alumni or community contacts in this country or location? If yes, please identify and describe.
- g. Please complete the checklist below:

If conducting research, will you be working with human subjects (e.g. observation studies, surveys, testing therapeutics)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If conducting research, will you be collecting personally identifying data (e.g. name, date of birth, biometric records)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you be transporting any of the following across borders?	<input type="checkbox"/> Biological / chemical samples <input type="checkbox"/> Scientific equipment <input type="checkbox"/> Technology or research data <input type="checkbox"/> None of the above
Have you obtained or are you in the process of obtaining, the required visas or work permits?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
Are you partnering with a university other than MIT, such as an NGO or another organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**5. Location Risk Information**

- a. **MIT Policy:** What is the country or area's warning level? \*
- b. **US State Department Travel Advisory:** What is the advisory date and what is the country and sub country level listed. \*
- c. Per the Travel Advisory, what are the main types of threats listed? \*
- d. Review and attach the DOS Overseas Security Advisory Council (OSAC) Crime and Safety Report for country or location[i]. Please note any specific details relevant to your trip. \*
- e. **CDC Travel Advisory Level** (either no advisory or level 1, level 2, or level 3) \*

- f. **Sanctions:** If your location is under US Treasury Sanctions, have you consulted with the MIT Export Control Officer? What is the advice from Export Control? Attach correspondence from the export control officer, if any.
- g. Please provide International SOS Travel Security a detailed summary of your trip purpose and plans in order to obtain a risk review. Email to: securitysupport@intlsos-cr.com with a cc to tholmes@mit.edu
- h. Have you received, or are in the process of receiving, all necessary and recommended vaccines? Y/N/NA

## 6. Local Support

- a. Are you collaborating with or supported by any local partner organizations, NGOs, universities, MIT Alumni, etc. \* Y/N
  - i. If yes, please list their names, director, and your point of contact (names, email, phone number)
- b. Will the local partner organization be providing logistical support (lodging, transport, communications, emergency?) \* Y/N
  - i. If yes, please provide details for each category.
  - ii. If no, please how do you plan to manage your safety for each category?

## 7. Accommodations

- a. What is the name, location and contact information for your accommodations? \*
  - i. How did you find the accommodation? \*
  - ii. What information have you gathered to understand location safety? \*
  - iii. If your accommodations have already been arranged, please provide the type, address, contact information (URL if available and GPS coordinates if available).
- b. Would you like recommendations in safe areas/hotels for this trip? \* Y/N
- c. Please provide a map indicating locations where you will be staying, working, and / or visiting. Other pertinent details may be hospitals, airports, a U.S. embassy or consulate and / or your own embassy / consulate. \*

## 8. Transportation

- a. Flight details (estimated or actual, if known)\*
  - i. Are there more than 20 persons in your group or MIT-led travel party per flight?
- b. What types of transportation do you plan to use to/from the airport upon arrival or departure? \*
- c. How do you plan on reaching your final destination if more than air travel is required? \*
- d. Are any modes of travel having you arrive after dark in these locations?
- e. Once at the location, how will you commute daily? \* (walking, public transport, car service, etc.)
- f. How do you plan to mitigate any of the identified risk in your local movements?

**9. Communications Planning: TO BE COMPLETED FOR EVERY TRAVELER**

- a. Describe your communications plan. What are the multiple means of communications for MIT to reach you or persons in-country who know you directly?
  - i. Primary:
  - ii. Alternate:
  - iii. Contingency:
  - iv. Emergency in-country:
- b. List the names, telephone numbers, and email of any in-country contacts you plan on using.
- c. Do you plan to have period check ins with your hosts or academic department support while abroad?Y/N Please describe.
- d. Social Media: User Names (Twitter, Instagram, Facebook, LinkedIn) that could be used to reach you in an emergency abroad if we cannot reach you by your primary contact information. \*
- e. Please confirm that you have updated your personal emergency contacts (students: Websis, employees: Atlas) should MIT need to contact a family member or trusted friend on your behalf. You may list their names and direct telephone numbers/email here as well.

**10. Safety, Health, and Medical Care Preparedness and Response**

- a. Please indicate the International SOS advice on local routine and emergency health care.
- b. What is the location's distance from ISOS recommended medical care, local medical care in general, and the US or your own home embassy?
- c. What is the location's closest distance from any emergency medical care services?
- d. Where is your closest embassy if you need to request support?
- e. **Key Reminders for your Personal Health Care while Abroad**
  - i. MIT Medical Travel Clinic: Any required or recommended vaccinations may need several weeks to optimize potency prior to your travel. MIT travel clinic is available to provide services.
  - ii. You are responsible for ensuring your local emergency contacts understand how to access medical care on your behalf and report it to International SOS.
  - iii. You are responsible for discussing your medical needs with your primary care physician and if advised by your care provider to have a plan to manage your health while overseas.
  - iv. When needing assistance, International SOS is the MIT provider you must contact for assistance, guidance, and coordination of payment for medical expenses.

**11. Certification of Completion of Online Training: TO BE COMPLETED FOR EVERY TRAVELER**

**I certify that I have completed the required online safety and security training module and understand the risks associated with the proposed travel described in this application. [check Y/N]**

**12. Additional Comments, Questions or Concerns:**

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[i] The Overseas Security Advisory Council (OSAC) Crime and Safety Report's URL is found within the travel advisory.