UNIVERSITY OF NEVADA, LAS VEGAS

## FACULTY/STAFF REQUEST TO TRAVEL TO TRAVEL WARNING COUNTRY

By completing this form, you are requesting that the UNLV Travel Risk Assessment Committee consider your petition to waive the policy for your UNLV-related travel to a Travel Warning country. Please complete the following and submit to the Office of International Programs.

Name:	
Academic Department:	Mail Stop:
Email:	Phone:
Destination(s) under Travel Warning:	
Will UNLV students travel with you? Yes:	: - No: -
Dates of Travel:	
Please attach a detailed statement that include	s the following:
<ul> <li>outlining how a presence in only that cher/him in the pursuit of her/his scholar pursuits in another country will not advice.</li> <li>The traveler must articulate what steps safety and security risks that travel to the/she has considered such risks in a thewhat steps he/she has taken or will take.</li> <li>The traveler must demonstrate that he/Department of State and/or Centers for</li> </ul>	she has read and understands the current U.S. r Disease Control Travel Warning for the selected atted, he/she will complete all appropriate forms and
	ol or college email International Programs Director u acknowledging that this petition is being made.
Signatura	Doto