KENNESAW STATE UNIVERSITY
GLOBAL EDUCATION
Office of International Safety and Security

Group International Travel Form (Non-Education Abroad)

OVERVIEW

The purpose of this form is to gather information for non-credit bearing foreign travel group experiences. It is to be used by faculty, staff or students leading groups of Kennesaw State student travelers on an academic or co-curricular international experience. If this program will be a credit-bearing program, please complete the education abroad program proposal process through the Education Abroad Office.

Submission of the "Group International Travel Form" and requested supporting information helps enable the Office of International Safety & Security to assist your group in the event of a medical or non-medical emergency (political insecurity or natural disaster) abroad. Providing the requested information supports the university's duty of care, allows travelers to be enrolled in the supplemental international insurance, and provides travelers with access to in-country safety alerts and travel guidance.

INSTRUCTIONS

Part I. Notification of group student travel should be submitted to globalsafety@kennesaw.edu ***at least 60 days in advance of travel***. Travel to high risk locations requires completion of a petition process and should be submitted ***at least 90 days*** in advance of travel in order to have sufficient time to complete the International Risk Management Advisory Board (IRMAB) petition process.It is strongly recommended to submit the petition prior to confirming travel and logistical arrangements.

Part 2. Additional travel logistics information should be submitted to globalsafety@kennesaw.edu ***approximately 30 days prior t o t ravel (or as soon as finalized).*** See below "Travel Requirements & Checklist" for more information. Once the Office of International Safety & Security has received the requested information, we will be in touch with travelers to communicate the process for enrolling in the supplemental insurance and other considerations for student international travel.

TRAVEL INFORMATION

Experience or Group Name: _____

Country(ies): _____ City(ies): _____

Name and Website of Host Institution and/or Provider: _____

Term of Travel (Fall/Spring/Summer and Year): _____ Dates of Travel: _____

Sponsoring Unit/Department/Student Org.: _____

Participant Class Standing: ☐ Undergraduate ☐ Graduate Is it for Credit? ☐ Yes ☐ No

Intended Activities: ☐ Conference ☐ Competition ☐ Field Work ☐ Research Other: _____

Sources of Kennesaw State University funding (if applicable): _____

GROUP LEADERSHIP

Group Leader Name: _____ Email: _____

Kennesaw State University Faculty/Staff Led Travel:

Title: _____ Sponsoring Department/Unit: _____

Employee ID: _____ Email: _____ Phone: _____

Dean, Chair, or Unit Head Name: _____ Email: _____

Dean, Chair, Unit Head Signature: _____ Date: _____

Registered Student Organization or Student Led Travel:

Student Org Leader: _____ Email: _____ Phone: _____

Faculty/Staff Advisor Name: _____ Email: _____

Advisor Signature: _____ Date: _____

TRAVEL REQUIREMENTS AND CHECKLIST

MINIMUM 60 DAYS PRIOR TO TRAVEL

☐ Submit completed Group International Travel Form to globalsafety@kennesaw.edu

1. Attach a statement providing the following:
   - A brief overview of the experience including proposed activities, detailed information on who is coordinating the travel and details of the organizations (name, contact information) that are providing arrangements.
   - A brief description of the student audience and eligibility requirements.
   - A description of in-country resources for promoting student health, safety and security. Please review the Department of State travel advisory and Centers for Disease Control information for concerns that need to be addressed.
   - A brief description of travel experience finances including: how fees are to be collected from students; if coordinating unit or students are receiving university funding (specify); will trip leaders carry contingency funds in the event of an emergency.

☐ Schedule a pre-departure orientation for all travelers, either virtual or in-person.

1. To request a health and safety briefing specifically for your group, please contact globalsafety@kennesaw.edu

MINIMUM 30 DAYS PRIOR TO TRAVEL

☐ Submit the following details to globalsafety@kennesaw.edu

1. Finalized dates of travel
2. Name and contact information for all group leaders, including the cell phone or other contact information for each leader during experience abroad.
3. Roster with all participants' names and email information (@kennesaw.edu whenever applicable)
4. Flight information for group

☐ Accommodation information for group

1. Names of hotels/hostels/dorms including address, contact number and website (if available)
   a. If the group will stay in multiple locations, please provide the date at each location.
2. If homestays are being utilized, specific addresses are unnecessary; instead, please indicate and provide contact information of person coordinating home stays
3. An emergency contact person in-country.
   a. Individual should be available 24/7 via phone in case of an emergency.
   b. Provide name, phone and email address. Indicate if the contact is proficient in English. If not, please list their native language.

All group leaders are required to:

1. Attend an Office of International Safety & Security international program leader health and safety training.
2. Provide a pre-departure orientation for all travelers.
3. Be enrolled in the university's supplemental international insurance through Zurich Group/On-Call International.
4. Self-register in the Department of State Smart Traveler Enrollment Program (STEP).

5. Be accessible 24/7 via cell phone while in-country.
6. Respond to well-being check-ins or other contact from the Office of International Safety & Security.
7. Notify globalsafety@kennesaw.edu of any major itinerary changes (e.g. change in accommodations; new locations to be visited; significant flight deviations or delays due to inclement weather, etc.).
8. Create an ***Emergency Action Plan*** and have access to contingency documentation (e.g. insurance information) and contact information for group.
9. Report any incidents or emergencies occurring to participants while abroad to the Office of International Safety &Security (globalsafety@kennesaw.edu or via 24/7 International Emergency Phone Line at +1-470-578-6666).

All participating students must:

1. Self-register travel in the Department of State Smart Traveler Enrollment Program (STEP).
2. Register travel with the Office of International Safety & Security (if Kennesaw State University students)
   a. Non-KSU participants should complete any necessary forms and submit to sponsoring unit.
3. Enroll in supplemental international insurance through Zurich/On-Call International.
4. Attend or review the scheduled orientation for their group.
5. Schedule a travel medical consultation at Student Health Services, at another travel clinic, or with their personal physician.

ACKNOWLEDGEMENT OF RESPONSIBILITIES

The information requested by the Office of International Safety & Security serves to connect participants to the university's international emergency response protocol, which includes enrollment in the supplemental international insurance for Kennesaw State University students, faculty or staff participating in an academic or co-curricular international experience. As the group leader of the international travel experience, I understand that failure to provide the Office of International Safety & Security with the above requested travel details in a timely manner may carry the following consequences and limitations:

- Ability to receive important security updates or guidance from the Office of International Safety & Security;
- Ability to receive important security alerts and trip briefings from On Call International;
- Verification of enrollment in the university's supplemental international insurance;
- Limitations or delays in the university's ability to assist in the event of an emergency abroad.

Primary Group Leader Name (Print): _____

Primary Group Leader Signature: _____ Date: _____