



Study Abroad Program
Request for Authorization to Travel to a High Hazard Country

Instructions: Complete this form 4-6 weeks before your departure date and submit with your Foreign Travel Insurance Request Form to Enterprise Risk Management in Administration 258, or email to riskmgmt@sfsu.edu. Refer to CSURMA's current High Hazard Countries List.

Student/Traveler Information

First Name: Last Name:

Student ID: Email:

Best way to contact traveler while in high hazard country:

High Hazard Country* (#1):

City(ies):

Arrival Date: Departure Date:

Proposed Activities:

Mode of Transportation while in High Hazard Country:

Lodging Address:

Lodging Contact Information:

Airport(s):

I request authorization to travel to a high hazard country as a side-trip destination during my enrollment period in my Study Abroad Program. With the purchase of Foreign Travel Insurance, I acknowledge that coverage will not be extended to my personal travel to high hazard countries within my Study Abroad Program dates unless I submit all required information above and gain campus President approval.

Student/Traveler Signature: Date:

Required Acknowledgements

Michael Beatty, Risk Manager, Enterprise Risk Management

Signature: Date:

Marilyn Jackson, Interim Director, Office of International Programs

Signature: Date:



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If traveling to more than one high hazard country, additional information can be added on this page.

Additional High Hazard Country (if any)

High Hazard Country* (#2): _____

City(ies): _____

Arrival Date: _____ Departure Date: _____

Proposed Activities: _____

Mode of Transportation while in High Hazard Country: _____

Lodging Address: _____

Lodging Contact Information: _____

Airport(s): _____

Additional High Hazard Country (if any)

High Hazard Country* (#3): _____

City(ies): _____

Arrival Date: _____ Departure Date: _____

Proposed Activities: _____

Mode of Transportation while in High Hazard Country: _____

Lodging Address: _____

Lodging Contact Information: _____

Airport(s): _____