

## University Policy: International Travel Policy

**Policy Category:** Operational Policy

**Subject:** International Travel

**Office Responsible for Review of this Policy:** Risk Management and Environmental Health and Safety and Office of the Provost

**Procedures:** [International Travel and Safety Procedures](#); [International Travel and Insurance Approval Procedures](#) (Academic Affairs Units Only); [International Travel and Export Control Compliance](#), [Export Control Regulations – Procedures and Questionnaires](#)

**Related University Policies:** Travel Policy, Policy on Export Controls

---

### I. SCOPE

American University has long encouraged and supported international travel by its faculty, students, and staff and is keenly aware that such travel may pose significant safety risks. The International Travel Policy is applicable to all faculty, staff, and students of American University engaged in university supported or sponsored program and activities.

### II. POLICY STATEMENT

While the University supports international travel by faculty, students, and staff, it also recognizes the risks associated with international travel. Therefore, travel must be authorized and have adequate insurance coverage. The University also has the right to deny university sponsored travel due to substantial travel risk.

### III. POLICY

To assist university travelers, the university has developed this International Travel Policy.

- A. All international travel sponsored or supported by the university must be authorized in advance of travel. The president, provost, or vice president grant travel authorization for university programs and activities within their respective divisions.

- C. The university reserves the right to restrict, deny, or postpone any university sponsored or supported international travel program or activity, if in the determination of the president, provost, or vice president, the risk of travel is substantial.
- D. To ensure that international travel is properly authorized, all units should follow the procedures contained in the [International Travel and Safety Procedures](#). Units within the Academic Affairs Division need to also follow the procedures outlined in the [International Travel and Insurance Approval Procedures](#).
- E. University faculty, staff, and students who do not follow this policy will bear full responsibility for any liability resulting from their travel.


## **V. EFFECTIVE DATE**

This policy was effective September 1, 2006; The policy was last revised in October, 2010.

**VI. SIGNATURE, DATE, AND APPROVAL**

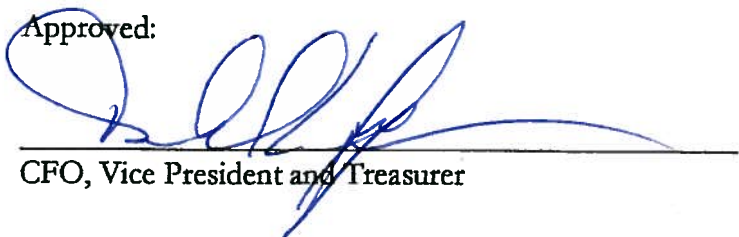
Approved by American University Board of Trustees:

Approved:

  
\_\_\_\_\_  
Provost

Date Approved: 10/3/10

Approved:

  
\_\_\_\_\_  
CFO, Vice President and Treasurer

Date Approved:

## INTERNATIONAL TRAVEL AND SAFETY PROCEDURES

### Approval

- All international travel involving faculty, staff and students in programs sponsored by units in academic affairs must first be approved by the respective dean or unit head. For required international travel insurance coverage, follow the International Travel and Insurance Approval Procedures.
- International activities sponsored by AU-recognized student clubs and organizations must follow procedures issued by the Office of Campus Life.
- Student requests to attend study abroad programs sponsored by other universities can be approved only for purposes of academic credit. Such approval implies no judgment about the program or the safety of its location. Students assume complete responsibility and risk in attending these programs, which must be stated and signed by the student on the request form.
- Staff travel must be authorized and approved by the officer in charge of the division or his/her designate.
- Student participants in study abroad programs and university-sponsored international activities must sign a [Consent and Release Agreement Form](#) and complete an [Emergency Contact and Insurance Form](#) prior to their departure. The originals of these forms must be kept on file for a minimum of three (3) years by the academic or administrative unit in charge of the international activity.

### Orientation

- All study abroad programs and university-sponsored international activities involving students must include pre-departure orientation for all participants. Although face-to-face orientation is ideal, orientation materials in written and electronic formats can be used instead.
- The academic or administrative unit sponsoring the activity will conduct or arrange for the pre-departure orientation session and will ensure that all participants attend or receive the materials in written or electronic formats.
- At a minimum, the pre-departure orientation must include a discussion of appropriate and expected behavior for participants; potential social, political, economic and legal risks involved in the experience; and emergency procedures in case of individual or group incidents.
- Participants will be subject to the laws and customs of the locations they visit. American University is not responsible for the violation of any laws and customs by participants.
- The [AU Conduct Code](#), [Student Handbook](#), [Academic Integrity Code](#), and other academic policies or rules apply to all university-sponsored activities abroad.

- AU is not obligated to provide a pre-departure orientation for AU students attending study abroad programs provided by other colleges/universities. These students should attend the orientation programs provided by the sponsoring colleges/universities.
- AU units that sponsor international activities should provide re-entry orientation to students returning from abroad. Also, international students who are returning home permanently should be provided a re-entry orientation to their home country that is coordinated by the International Students and Scholar Services office.

### **Emergencies**

- In the event of an emergency while participating in an AU international activity, the participant should immediately contact:
  - the nearest U.S. consular service for direct assistance
  - the AU on-site program director or staff
  - the on-campus contact within the initiating unit
- If medical attention is needed, the participant should contact the international travel insurance provider, AceUSA:  
International Travel Policy #GLM NO 0173587  
Inside the US or Canada 1-800-243-6124  
Outside US or Canada collect 1-202-659-7803  
[www.american.edu/finance/rmo/int\\_global.html](http://www.american.edu/finance/rmo/int_global.html)

### **Distribution and Change of Policy and Procedures**

- This policy should be made available to every person traveling abroad for any AU-sponsored program or activity.
- American University reserves the right to change this policy and procedures in light of changing circumstances affecting travel, safety, health, or other matters related to the best interest of the University.



## EMERGENCY CONTACT INFORMATION

Student Name: \_\_\_\_\_ Program: \_\_\_\_\_

AU ID #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Please list two contacts whom you would like us to contact in the event of an emergency:

Contact Person: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_ Evening Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

Contact Person: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_ Evening Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

## INTERNATIONAL TRAVEL AND INSURANCE APPROVAL PROCEDURES

### Additional Procedures for Academic Affairs Units Only

- After obtaining initial approval from the appropriate Dean or Dean's designate and at least one week prior to start of travel, initiating unit will send international travel information to Provost/attn. Vice Provost.
- For international travel that includes students, the following information and documents are required to be submitted to the Vice Provost by the units:
  - Dates, destination, and description of program or purpose of travel
  - Name(s) of program director/faculty/staff traveling and in charge, as well as the names of participating students, with their AU ID numbers
  - Country of permanent residence for each traveler
  - Complete travel itinerary
  - Country risk assessment reports for all countries to be visited regardless of security rating (Destination countries with security rating of 4 or 5 are flagged and additional information may be required)
  - Communication and contingency plans
  - All students must complete the [Consent and Release Agreement form](#) as a condition of participating in the international program or travel
- For international travel of faculty and staff only, submit names of travelers, dates of travel, destination and description or purpose of travel. Country risk assessment report is required for destination countries with security ratings of 4 or 5 only. [Assumption of Risk and Waiver of Liability form](#) is required if destination has a security rating of 5.
- Vice Provost will review all travel information and confer with units on issues, if any.
- If there are no problems or issues with the travel request, Vice Provost will approve the travel and forward information to the Executive Director of Risk Management and Safety Services so that approved travelers can be enrolled in the international health insurance program.
- The cost of international insurance will be covered by the University for all faculty and staff. The cost for students will be charged to the unit initiating the program or travel. It is the responsibility of the initiating unit to make sure that students are charged for this cost, either through a program fee, or a billing through student accounts. Otherwise, the student cost will be absorbed by the initiating unit.
- A quarterly report of international insurance coverage will be sent by the Executive Director of Risk Management and Safety Services to all units and to the Vice Provost as confirmation of coverage.

## CONSENT & RELEASE AGREEMENT

The following agreement is designed to protect all participants including students, faculty members, American University, and the agencies and individuals cooperating with the University. You as the student participant and your parent (or legal guardian) if you are under 18 must sign this form to indicate agreement and or permission to participate.

**Sponsoring AU Office/Department:** \_\_\_\_\_

**Trip:** \_\_\_\_\_ **Date(s):** \_\_\_\_\_

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Departure Time:** \_\_\_\_\_ **Return:** \_\_\_\_\_

**From (location):** \_\_\_\_\_ **To (location):** \_\_\_\_\_

**Purpose of the Trip:** \_\_\_\_\_

**General Release:** I/ (we) understand that participation in this trip is entirely voluntary and that any program of travel involves some element of risk. I agree that, in consideration of American University ("University") facilitating my travel to \_\_\_\_\_ . I will not (including my parents, guardians, and

{Country}

legal representatives) attempt to hold the University, its trustees, officers, employees, agents, liable for any injury, death, or loss to person or property sustained by me while participating in or arising out of any travel or activity conducted by or under the auspices of American University. I understand that the University reserves the right to make cancellations, changes, and substitutions when the University deems it necessary. In such circumstance, the University will endeavor to refund fees advanced by participants where those fees are uncommitted and recoverable. I understand that the University makes no assurance that fees in connection with travel will be recoverable and/or refundable. As such, I hereby acknowledge that I have been advised to purchase trip cancellation insurance at my own expense.

**Insurance Coverage:** I/ (we) understand that the University requires that I be covered by appropriate accident and medical insurance and that I am financially responsible for such expenses. Signature below verifies that participant is enrolled in an adequate insurance program. The University recommends that participants consider insuring personal belongings against theft and loss.

**Medical Treatment:** I/ (we) understand that while I am overseas an emergency may develop which necessitates medical care, hospitalization, or surgery. Therefore, in the event of illness or injury, I authorize the University through its authorized Program Representative to secure any necessary emergency medical treatment including the administration of an anesthesia and surgery. I understand that such treatment shall be solely at my expense and I agree to reimburse the University for any expense that might incur on account of my injury or treatment.

**Conduct:** I agree to conduct myself in a safe and prudent manner while participating in any activity or travel conducted by or under the auspices of American University. I understand that all student participants are subject to University regulations, travel guidelines, and relevant state, federal, and international laws and that in the event of violation of these or other behavior which is deemed by University to be detrimental to participant or others, the Program Representative may immediately dismiss me from the program and require me to return to the United States. I also agree not to deviate from the proposed trip itinerary without the expressed permission of the University faculty/staff sponsor. I understand that while participating in any such activity or travel, I am subject to the University's *Student Conduct Code*. I further agree to indemnify, defend and hold harmless American University from any breach of these representations.

I HAVE READ AND UNDERSTAND THE ABOVE PROVISIONS AND AGREE TO BE BOUND BY THEM, AS INDICATED BY MY SIGNATURE BELOW. I ALSO ACKNOWLEDGE FROM MY SIGNATURE BELOW THAT I HAVE COMPLETED A REQUIRED ORIENTATION SESSION DESIGNED TO EDUCATE ME ABOUT RISKS ASSOCIATED WITH TRAVEL ABROAD.

**Name of Participant:** \_\_\_\_\_ **AU ID:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please complete the reverse side of this form.**

Local Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
City: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name and signature of legal guardian for a student under the age of 18:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Student Name: \_\_\_\_\_ Program: \_\_\_\_\_

AU ID #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Please list two contacts whom you would like us to contact in the event of an emergency:

Contact Person: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_ Evening Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_  
Contact Person: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_ Evening Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

## TRIP INFORMATION

Student Name: \_\_\_\_\_ Program: \_\_\_\_\_

AU ID #: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Course Information

Term:  Fall  Spring  Summer Year: \_\_\_\_\_

Course #: \_\_\_\_\_ Title: \_\_\_\_\_

Faculty Supervisor: \_\_\_\_\_

### Travel Dates

Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

### Destination Information

Cities/Countries Visiting: \_\_\_\_\_

### Student's International Address (if known)

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### International Emergency Contact Information (if any)

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**ASSUMPTION OF RISK AND WAIVER OF LIABILITY  
AMERICAN UNIVERSITY**

*THIS IS A RELEASE OF LEGAL RIGHTS - READ AND UNDERSTAND BEFORE SIGNING.*

**Name:** \_\_\_\_\_ ("Participant" or "I")

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Project Description:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

As a condition of participation, I hereby acknowledge and agree as follows:

1. **Assumption of Risks.** I acknowledge that the decision to participate in this Project is entirely my own choice, voluntary, and not a condition of my employment or status at the University. I understand that participation in the Project involves risks not normally found in employment at the University. I understand that I will travel to \_\_\_\_\_, a country that has recently experienced terrorist attacks and civil unrest.

I am aware that no special security personnel will be provided, and American University cannot guarantee my security. I am aware that the political circumstances during the time I will be in \_\_\_\_\_ may adversely affect transportation, medical care, and housing and the quality of food and water. The Project risks are substantial and include without limitation risk of death or serious bodily injury. I agree that it is my sole responsibility to investigate and evaluate for myself serious bodily injury. I agree that it is my sole responsibility to investigate and evaluate for myself the risks associated with this Project. By my participation, I am willing to accept these risks.

2. **Health and Safety.**

- A. I have consulted with a medical doctor regarding my personal medical needs. I certify that I am fit to participate in the Project and that there are no health-related reasons or problems, which preclude or restrict my participation in this Project.
- B. I am aware of all applicable personal medical needs. I have arranged, through insurance or otherwise, to meet any and all needs for payment of medical costs while I participate in the Project.
- C. I agree to maintain a high level of vigilance and to take appropriate steps to increase my security awareness, including consulting with U.S. Department of State guidelines for security in \_\_\_\_\_. I agree to conduct myself in a safe and prudent manner at all times.

3. **Waiver of Liability.** Knowing the risks described above, I, on behalf of myself, my family, heirs, representatives, accept those risks and hereby release, discharge and agree to hold harmless American University, its trustees, officers, employees, agents, from any and all liability, claims,

demands, rights, causes of action for personal illness, injuries or death, or any damage to or loss of personal property which may occur en route to, during, from or as a result of my participation in the Project.

I have carefully read this Assumption of Risk and Waiver of Liability before signing it. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made.

---

Signature \_\_\_\_\_

Date \_\_\_\_\_

---

### Emergency Contacts

Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_ Evening Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_ Evening Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## International Travel and Export Control Compliance

American University personnel (faculty, staff, visiting scholars and students) planning to travel abroad need to be mindful of export control laws and regulations. The purpose of the federal government's export control laws and regulations is (a) to restrict exports of goods and technology that could contribute to the military capabilities of adversaries, and (b) to comply with U.S. trade sanctions. To avoid running afoul of these laws and regulations, University personnel should review the information below before traveling abroad.

- Many items that are not hazardous, valuable or uncommon are nevertheless subject to export control laws. For a list of items that may be subject to export control laws, click the following link: <http://www.access.gpo.gov/bis/ear/pdf/indexccl.pdf>
- **Question:** Does an exclusion from U.S. export control regulations apply to my laptop and its software?  
**Answer:** Your laptop and its software (and other “tools of the trade” such as PDAs and electronic storing devices) are excluded from U.S. export control regulations under the “Temporary Export Exclusion” as long as:
  - The item will be returned to the U.S. within one year of its export date; and
  - The item is a usual and reasonable type of tool of the trade for use in lawful research or education; and
  - You retain effective control at all times over the item while abroad by retaining physical possession of the item or securing the item in an environment such as a hotel safe; and
  - You accompany the item abroad, or the item is shipped within one month before your departure, or at any time after your departure; and
  - The item does not contain encryption software employing a key length greater than 80 bits for the symmetric algorithm; and
  - The equipment, software and technology are not of an inherently military nature and will not be put to a military use or be used in outer space.
- The U.S. government's Office of Foreign Assets Control (“OFAC”) enforces economic and trade sanctions relating to the following countries: Balkans, Belarus, Burma, Cote d'Ivoire, Cuba, Democratic Republic of the Congo, Iran, Iraq, Lebanon, North Korea, Somalia, Sudan, Syria, Zimbabwe (list current as of 11/10). The specific regulations on economic transactions conducted with these foreign governments and/or with citizens of these foreign countries differ for each country. If you are traveling to one of these countries, to avoid potential penalties you should carefully review the details of the relevant OFAC sanctions program by clicking on the following link: <http://www.treas.gov/offices/enforcement/ofac/>
- If you will be carrying a large amount of cash into or out of the United States, be advised that you are required to declare any amount over \$10,000 to U.S. Customs and Border Protection.

- Be sure to review the University's International Travel Policy for guidance on other issues relating to international travel.
- For more information on Export Control Regulations, see AU's [Policy on Export Controls](#).