

### Foreign Travel Pre-Approval

This form is supplemental to the travel request made to your department and required for travel that is NOT in the United States or a possession of the United States. This form should be submitted with supporting documentation (conference program/ brochure) at least 45 days prior to the anticipated date of travel, unless there are extenuating circumstances. One form must be completed per faculty/ staff member; group travel requests and approvals may not be combined. The fully endorsed form will be returned to the traveler.

**Date of Request:** \_\_\_\_\_

**Traveler Information**

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

**Department:** \_\_\_\_\_

**Travel Dates**

**Anticipated Departure:** \_\_\_\_\_

**Anticipated Return:** \_\_\_\_\_

**Destination:** \_\_\_\_\_

**Transiting Through:** \_\_\_\_\_

To determine the travel advisory level assigned by the U.S. Department of State (DOS) please visit:  
<https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html/>

**DOS Travel Status**

**Country/Region has a travel warning listed:** Yes      No      **Travel Advisory Level:** \_\_\_\_\_

To determine the travel health notice warning level assigned by the Center of Disease Control and Prevention and Prevention (CDC) please visit: <https://wwwnc.cdc.gov/travel/notices>

**CDC Warning Status**

**Travel Health Notice Warning Level:** \_\_\_\_\_

**Purpose of Travel:** \_\_\_\_\_

**Location Setting:** Conference

Clinical

Other

**Explain:** \_\_\_\_\_

\_\_\_\_\_

**Are other TTUHSC El Paso personnel traveling with you?** Yes      No

**If yes, please provide names:** \_\_\_\_\_

Are students traveling?      Yes      No

If yes, please provide names: \_\_\_\_\_

Benefit to the University: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_ (total cost)

Funding Sources (State Appropriated funds are not allowed):

School/Department

Grant

Host/Sponsor Organization

Other, please explain \_\_\_\_\_

If TTUHSC El Paso funded, list FOP(s): \_\_\_\_\_

**Traveler Certification:**

I hereby certify that the purpose of this trip is official TTUHSC business and is necessary. I further certify that I am aware of any travel advisories issued by the United States Department of State (DOS) regarding warnings against or restriction of travel to this destination and am aware of the potential risks associated with travel to this destination. I am also aware of the CDC's travel health notices warning associated with travel to this destination. I acknowledge that TTUHSC retains the right to withdraw approval and/or require return to the U.S per HSCEP OP 79.04. This may occur if there is a change in the health/safety/security of the region of interest. I acknowledge that upon approval I will obtain the mandatory foreign travel and MEDEVAC insurance before traveling. If such insurance is not provided by the host institution/organization, I will purchase it through the Office of Diversity, Inclusion, and Global Health (DIGH).

\_\_\_\_\_  
Traveler Signature

\_\_\_\_\_  
Date

**Please Note:** Please email DiversityInclusionGlobalHealth@ttuhsc.edu for more information on MEDVAC insurance. University travel guidelines stipulate that fees for travel insurance are not reimbursable.

**Approvals:**

Vice-President/Department Chair	Signature	Date
Richard A. Lange, MD, MBA	_____	_____
President of TTUHSC El Paso	Signature	Date