

## INDIVIDUAL TRAVEL STATEMENT OF EXIGENCY AND REQUEST FOR EXCEPTION

### FORM INSTRUCTIONS

This form is to be completed to request an individual exception for short-term international travel where an exception is required by [the permissible travel guidelines](#).

#### **BASIC STEPS FOR REQUESTORS:**

- Complete all required fields in Sections 1-4, including signature fields.
- Be sure to provide thorough answers. Perfunctory responses may result in the request being denied and a new request being required.
- Obtain all required signatures listed in Section 5.
- Attach completed form as part of your travel registration in Enroll My Trip

#### **IF YOU WANT TO USE DIGITAL SIGNATURES IN ADOBE:**

If you are using Adobe, you can utilize the buttons in the form to save a copy at each stage while completing Sections 1-5 and then to submit the form for GS&S action. To do that,

- Complete all required fields in Sections 1-4 and then electronically sign as the requestor.
- Use the “SAVE AS” button and then email the form for signature to the first endorser in Section 5. The endorser electronically signs, uses the “SAVE AS” button, and then emails the form back to you. Repeat this step for each endorser, **USING THE SAME COPY OF THE FORM** so that all signatures/endorsements are captured on one document.
- When you have all the endorser’s electronic signatures, hit the “SUBMIT FORM” button, which create a pre-populated email to submit your form to GS&S.
- DO NOT edit the “To” or “Subject” lines, but DO attach any additional pages of explanation or other supporting documents.
- Send the email to GS&S.

#### **IF YOU WANT TO PRINT THE FORM FOR MANUAL SIGNATURES:**

- Scan the completed form into .pdf format prior to submitting to GS&S.
- Create an email to [globalsafety@princeton.edu](mailto:globalsafety@princeton.edu) with the following “Subject” format:  
*SERE – Lastname, Firstname – FirstCity, FirstCountry from mm/dd/yy*
- Attach your scanned form and any additional pages of explanation or other supporting documents.
- Send the email to GS&S.

**Processing exception requests requires three working weeks from the date you first contact GS&S with a completed form.** Given the volume of requests and the work involved in conducting an individual risk assessment, expedited consideration is not possible. Be sure to plan ahead.

Questions regarding this form or the exception request process may be directed to Global Safety & Security via email ([globalsafety@princeton.edu](mailto:globalsafety@princeton.edu))

## INDIVIDUAL TRAVEL STATEMENT OF EXIGENCY AND REQUEST FOR EXCEPTION

SECTION 1: TRAVELER AND TRAVEL DETAILS			
Traveler Details			
<b>Family/Last Name</b>		<b>Given/First Name</b>	
<b>Email</b>		<b>Phone Number</b>	
<b>Country(ies) of Citizenship</b>		<b>U.S. Immigration Status</b> <small>(if not U.S. citizen)</small>	
Student Status <small>(if applicable)</small>			
<b>Student Status</b>	<input type="checkbox"/> Graduate Student	Enrollment Status (Graduate)	
	<input type="checkbox"/> Undergraduate Student	Graduation Year (Undergraduate)	
Travel Details			
<i>(for any additional locations, please include in continuation sheet)</i>			
Travel Location(s)		Proposed Travel Dates	
<i>City</i>	<i>Country</i>	<i>From</i>	<i>To</i>

SECTION 2: INDIVIDUAL STATEMENT OF EXIGENCY
<p>Please provide a statement that describes why you believe your need to travel constitutes an exigency to the extent that it is worth the substantial risks of harm and/or disruption to your travel posed by conditions in the listed destination(s).</p> <p>Please also specifically address what alternatives to your proposed travel you have considered and why these alternatives are not sufficient. Feel free to attach continuation sheets, as needed.</p>

**SECTION 3: PLANNED RISK MITIGATIONS**

After reviewing [the destination risk materials posted online by GS&S](#) for the destination(s) you listed above, please summarize the key risks to you posed by conditions in the destination(s), as you understand them.

Please then discuss how you propose to mitigate those risks during your trip, whether through your abilities and experience, training, or other specific measures you will take. There is no need to mention the University's standard support for all of our international travelers. Feel free to attach continuation sheets, as needed.

**SECTION 4: CERTIFICATION BY REQUESTOR**

I certify that the information I provided on this form is truthful and complete.

I have carefully reviewed the University-sanctioned permissible travel guidelines and am aware of the risk category that GS&S has assigned to this destination(s) and the reasons for that classification.

In my opinion, my need to travel to the destination(s) outweighs the risks that have been made known to me.

Therefore, I request an exception to the University's guidelines on individual travel to the destination(s) in this request.

**Signature of Requestor:** \_\_\_\_\_

**Printed Name of Requestor:** \_\_\_\_\_

**Date of Signature (MM/DD/YY):** \_\_\_\_\_

FOR DIGITALLY SIGNED FORMS, CLICK "SAVE AS" AND SEND THE FORM FOR SIGNATURE FIRST TO YOUR FACULTY ADVISOR, THEN TO YOUR DIRECTOR OF GRADUATE STUDIES (IF APPLICABLE), AND LASTLY TO YOUR DEPARTMENT CHAIR/PROGRAM DIRECTOR/DEAN

**SECTION 5: ENDORSEMENT OF REQUEST**

Please obtain the following endorsements.

**Undergraduates**

- For participation in a University-sponsored program, the director of the program; OR
- For individual research or other academic activity, the faculty member supporting your funding application or your departmental director of undergraduate studies (if you have declared your concentration)

**Graduate Students**

- Your faculty adviser; AND
- Your departmental director of graduate studies or your department chair / program director / dean.

By signing below, I attest that:

1. I have reviewed Sections 2 and 3 above.
2. To the best of my knowledge, the information provided is accurate.
3. I agree with the student's statements regarding the exigent circumstances they face.
4. I agree there are no available alternatives to the requested travel.

**FIRST ENDORSER**

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

Date of Signature (MM/DD/YY): \_\_\_\_\_

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

Department/Program/Office Name: \_\_\_\_\_

Role:

Director of Program

Faculty Adviser (Graduate Students)

 Departmental Director of  
Undergraduate Studies

 Faculty Member Supporting  
Funding Application

**SECOND ENDORSER (IF APPLICABLE)**

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

Date of Signature (MM/DD/YY): \_\_\_\_\_

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

Department/Program/Office Name: \_\_\_\_\_

Role:

Department Chair / Program Director / Dean

Departmental Director of Graduate Studies

**STOP**

 IF YOU ARE ENDORSING THE FORM ELECTRONICALLY, CLICK SAVE AS AND RETURN IT TO THE REQUESTOR.  
ONCE ALL SIGNATURES ARE COMPLETED, SEE THE INSTRUCTIONS PAGE FOR NEXT STEPS TO SUBMIT YOUR FORM.

**SECTIONS 6 AND 7 (NEXT PAGE) ARE FOR GS&S AND CERTIFYING OFFICIAL USE ONLY.**

**SECTION 6: GS&S RESIDUAL RISK ASSESSMENT**

On the basis of a review of information available to GS&S regarding the risk conditions in the destination(s) listed in this request, and considering the requestor's proposed mitigating factors and strategies, GS&S provides the following assessment of residual risk specific to the requestor's proposed travel.

The certifying official should use this assessment to make a determination as to whether the requestor's exigency outweighs the residual risks they face. Certifying officials are welcome to contact GS&S directly for further information or clarification on any part of this assessment.

**SECTION 7: CERTIFYING OFFICIAL DETERMINATION**

I have reviewed all information in this request, including Sections 2, 3, and 6, and have obtained any additional information I require from the requestor or from GS&S in order to make a determination.

With due consideration for both the exigency described by the requestor and the residual risk assessed by GS&S, I have determined that this request \_\_\_\_\_ is / \_\_\_\_\_ is not approved. *(Please initial appropriate line)*

*Certifying Official comments, if any:*

**Signature of Certifying Official:**

\_\_\_\_\_

**Date of Signature (MM/DD/YY):**

\_\_\_\_\_

**Name of Certifying Official:**

\_\_\_\_\_

**Title of Certifying Official:**

\_\_\_\_\_