

REQUEST FOR APPROVAL OF INTERNATIONAL TRAVEL

A written statement must be provided on this form that fully explains the specific benefits to the University from this travel and how this travel supports University goals and mission. This form must be signed by the traveler, their supervisor, the Office of Research, as well as the Provost for faculty or the appropriate Vice Chancellor for staff. The University traveler is responsible for following all rules and regulations related to export control and security. **Travel to countries with heightened risk levels may be restricted (see Travel Advisories section below).**

This form must be completed and attached to an associated Travel Authorization form prior to obtaining Provost/Vice Chancellor and Chancellor signatures on that Travel Authorization form. Once approved, submit the original Request for Approval of International Travel form and the original Travel Authorization form to Procurement Services for processing.

NAME	TITLE
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DESTINATION(S)

DATES OF MEETINGS	TO	DATES OF TRAVEL	TO
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TRAVEL ADVISORIES: Please consult with the Office of Global Engagement (<https://global.olemiss.edu/>) regarding international travel responsibilities, travel insurance, and VISA status. **(check boxes as applicable)**

What is the current U.S. State Department Travel Advisory Level for the intended destination(s)?	Level 1	Level 2	Level 3	Level 4
https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html/	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What is the current CDC Travel Notice Level for the intended destination(s)?	Level 1	Level 2	Level 3	
https://wwwnc.cdc.gov/travel/notices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PURPOSE OF TRAVEL: (Include Title and Sponsor of Meeting)

STATEMENT OF SPECIFIC BENEFITS TO THE UNIVERSITY FROM THIS TRAVEL AND HOW IT SUPPORTS UNIVERSITY GOALS AND MISSION:

REQUIRED SIGNATURES	
EMPLOYEE	DATE SUBMITTED
X	X
SUPERVISOR	DATE APPROVED
X	X
ORSP (Export Control)	DATE APPROVED
X	X
PROVOST/VICE CHANCELLOR	DATE APPROVED
X	X

SUBMIT ALONG WITH TRAVEL AUTHORIZATION FORM