



GLOBAL LEARNING AND
INTERNATIONAL AFFAIRS

Student Appeal to Travel Form Rubric

Travel Details Questionnaire

QUESTION	<i>1. Program Name</i>	<i>2. Proposed Destinations</i>	<i>3. On-Site Program Dates</i>	<i>4. Sponsoring Organization</i>
METRIC	<ul style="list-style-type: none"> Provides the program name, example: KIIS Morocco, AIFS Study Abroad in Stellenbosch 	<ul style="list-style-type: none"> Lists ALL destinations the participant intends to travel to (City and Country) during official program dates 	<ul style="list-style-type: none"> Provides the dates of departure & return 	<ul style="list-style-type: none"> Provides the name of the program provider, host institution, etc. If there is no sponsoring organization, list NA
QUESTION	<i>5. On-Site Contacts</i>	<i>6. Itinerary Upload</i>	<i>7. Travel Purpose & Personal Responsibility Statement</i>	<i>8. Past Travel Experience</i>
METRIC	<ul style="list-style-type: none"> Provides names and contact information (phone number and email) for at least one on-site contact, example: (site director, faculty leader, program staff, etc.) If there is no on-site contact, lists NA 	<ul style="list-style-type: none"> Uploads a detailed travel itinerary that includes arrival and departure dates, lodging, cities & countries you plan to visit, activities, days in which you expect to travel to another location, and intended modes of transportation to each new location 	<ul style="list-style-type: none"> Provides reasoning on how this travel relates to academic or professional goals Provides reasoning for the “necessity” of travel Acknowledges participant is ultimately responsible for own health & safety and describes how they are preparing for this responsibility Lists the expected academic credit (hours) and courses planned to complete If traveling for research purposes, provides the name of WKU Faculty Advisor 	<ul style="list-style-type: none"> Lists relevant past travel (foreign and domestic) If has no past travel experience, lists NA



Program Structure & Support Questionnaire

QUESTION	<i>1. Program Structure</i>	<i>2. Transportation Logistics</i>	<i>3. Pre-Departure Support</i>	<i>4. On-Site Support</i>
METRIC	<ul style="list-style-type: none"> Includes at least one example of structure, Example: is it hosted by a partner university, does it reside at a study center, is it organized by a third-party program provider, does it include internship placements, etc. Provides at least one link to program structure information, Example: Partner university website, Provider website, internship description, etc 	<ul style="list-style-type: none"> States if program has a group flight (to and from) or if participants are responsible for securing personal transportation States if individual intends to use group flight or personal transportation If specific flight information is known, provides that information (airline, layovers, etc) 	<ul style="list-style-type: none"> Describes the nature of pre-departure support offered by program provider/sponsoring organization Example: visa support, pre-departure orientations, information/guides All students must attend WKU pre-departure orientation, information on orientation can be found here details from this orientation can be utilized in this section of appeal 	<ul style="list-style-type: none"> Includes examples of on-site support available during program Examples: Orientations, health support, safety support, supporting individuals, etc.



Safety & Security Questionnaire

QUESTION	<i>1. USDOS Travel Advisory Page</i>	<i>2. CDC Travel Health Notice Page</i>	<i>3. Non-U.S. Citizen Travel Advisories</i>	<i>4. Explanation & Identification of Risks</i>
METRIC	<ul style="list-style-type: none"> Includes a link to the specific country information page on the U.S. Department of State (USDOS) Travel Advisory website for EVERY proposed destination, must be country specific links 	<ul style="list-style-type: none"> Includes a link to the specific country page on the Centers for Disease Control and Prevention (CDC) website for EVERY proposed destination, must be country specific links 	<ul style="list-style-type: none"> U.S Passport holders respond "NA" Non-U.S Passport Holders and non-U.S citizens must provide a link pertaining to the health or safety advisories issued by country of citizenship for each proposed destination (note if no such resource exist) 	<ul style="list-style-type: none"> Lists current CDC and USDOS ratings for all destinations and a brief description of the underlying reasonings for ratings Identify potential risks for each of the 8 broad categories listed (if you believe no risks are associated with a category, make note of that)
QUESTION	<i>5. Risk Mitigation</i>	<i>6. Housing Risk Assessment</i>	<i>7. Transportation Risk Assessment</i>	<i>8. Local Emergency Services</i>
METRIC	<ul style="list-style-type: none"> A mitigation plan must be presented for each risk identified in question #4, Including: Prevention measures, safe practices, governmental recommendations, and groups that can provide aid 	<ul style="list-style-type: none"> Identify all anticipated housing "situations", Including: location, presence of roommates, cleanliness, etc. If applicable, outline major risks associated with housing, Example: location, lack of emergency services, crime rate, etc 	<ul style="list-style-type: none"> List the modes of transportation that may be utilized at destination, Example: public transportation (bus, subway, tram, train, etc.), taxis, cars, bikes, chartered buses, etc. Identify intended method of transportation from airport to program Identify the risks associated with each intended method of transportation and how those risks will be mitigated (prevention, safe practices, governmental regulations, etc.) 	<ul style="list-style-type: none"> Identify these for each overnight location (Semester at Sea students, identify for each port) List the emergency services available at each location, Examples: Security, Police, Fire, Health, etc. Identify the contact information for each of the previously identified emergency services (i.e. equivalent to 911 in the U.S.) If applicable, identify any risks associated with responsiveness of emergency services and how those risks will be mitigated, Examples: poor infrastructure, lack of a major service, corruption, etc.



QUESTION	9. Embassy/Consulate Locations	10. Entry Requirements	11. Evacuation Resources	12. Access to Healthcare Facilities
METRIC	<ul style="list-style-type: none"> Identify location of embassy/consulate for each overnight location (Semester at Sea students, identify for each port) Identify the closest embassy or consulate for country of citizenship Identify the distance between each lodging location and embassy or consulate. If exact lodging location is unknown, identify the location between the embassy/consulate and the study center or program staff offices 	<ul style="list-style-type: none"> Describe the border entry requirements for each border crossing included in your itinerary. Examples: visa requirements, immunization requirements (including COVID-19), testing for specific diseases/viruses (including COVID-19), quarantine regulations, restrictions on who may enter the country, etc. 	<ul style="list-style-type: none"> Describe resources available to assist you with a security evacuation from your on-site location(s). Specifically, address the evacuation plan of your program provider/sponsoring organization, what services are included in your international insurance coverage, and what the embassy/consulate of your country of citizenship can and cannot do in an emergency 	<ul style="list-style-type: none"> Identify at least one health care facility (hospital preferred) in each overnight location (or port for Semester at Sea students). Provide the name of the facility, address of facility, and distance from facility to lodging location (if lodging location is not known, use study center or program staff offices) You can also include information for urgent care clinics and pharmacies
QUESTION	13. Up-Front Medical Costs	14. Medical Quarantines	15. COVID-19 Regulations	16. COVID-19 Vaccination Status
METRIC	<ul style="list-style-type: none"> Describe your plan to pay for any up-front medical costs (urgent care visits, hospital visits, pharmacy needs, COVID-19 testing, etc) you may incur while traveling (most international health insurance plans require an up-front payment made to healthcare provider which is then reimbursed to you) 	<ul style="list-style-type: none"> Identify if your program location(s) requires a mandatory quarantine period upon arrival If yes, describe the quarantine process in detail (How is it managed?; Quarantine location?; Cost?; etc.). Address if it will impact your ability begin classes 	<ul style="list-style-type: none"> Describe the COVID-19 regulations and/or protocols in place on-site in detail (e.g. social distancing protocols, mask requirements, proof of vaccination protocols, proof of negative COVID-19 test protocols, capacity limits, curfews, etc.) Is there an app or other system that you must utilize to register your vaccination status or negative COVID-19 tests? 	<ul style="list-style-type: none"> List your current COVID-19 vaccination status and plans for future vaccinations, as needed. To study abroad as a WKU student, you must be fully vaccinated according to CDC standards. Your answer should reflect that you are vaccinated (or planning to be) according to WKU policy and also vaccinated (or planning to be) according to the policy of your program provider, sponsoring organization, host institution, and/or intended location(s).



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Communication Questionnaire

QUESTION	1. Accessing Updates	2. Communication On-Site	3. On-Site Contact Information
METRIC	<ul style="list-style-type: none"> Identify methods, platforms, outlets, and channels utilized to receive safety, security updates, and relevant information (be specific, Example, USDOS, STEP, local emergency broadcasts, local warnings, etc.) Identify intended plan to keep up with messages (frequency and method of accessing information) 	<ul style="list-style-type: none"> List all expected and accessible forms of communication, Example: phone, messaging, post, email, etc. Must address having access to communication methods that do not require wi-fi/internet 	<ul style="list-style-type: none"> List any form of communication that WKU may utilize to contact you while on-site and include specifics (i.e. if cell phone, then provide cell number)

Required Proof of Insurance

QUESTION	International Insurance Coverage	Proof of Insurance Upload	Proof of Insurance Statement
METRIC	<ul style="list-style-type: none"> Check “yes” if your program provider and/or sponsoring organization (non-WKU) will provide comprehensive insurance coverage Check “no” if your program provider and/or sponsoring organization (non-WKU) will not provide coverage. This means you will be covered by WKU’s plan with CISI If you do not know, reach out to your WKU Global Learning Advisor 	<ul style="list-style-type: none"> If you checked “yes” to question #1, upload a copy of current travel and health insurance policy document. Your sponsoring organization should be able to provide you with a copy. 	<ul style="list-style-type: none"> Provide initials indicating agreement