

STUDY ABROAD RISK ASSESSMENT FORM

To be completed by authorized Study Abroad Staff in Consultation with Faculty Leader.

(1) COURSE NUMBER

COURSE NAME

(2) SEMESTER/YEAR:

(3) DEPARTURE DATE:

RETURN DATE:

(4) DESTINATION(S):

(5) FACULTY SPONSORS/PROGRAM LEADERS:

(6) DEPARTMENT:

(7) COLLEGE:

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| (8) Is there a current travel warning issued by the U.S. State Department for any country on the program itinerary? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
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|---|--|
| (9) Please note the emergency telephone number (911 equivalent) for each country on the agenda | |
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|---|--|
| (10) The following sources were used to produce this risk assessment | CDC Travel Notices <input type="checkbox"/> U.S. State Department OSAC <input type="checkbox"/> SOS International Reports <input type="checkbox"/> Forum CID <input type="checkbox"/> Other <input type="checkbox"/> |
|---|--|

| (11) RISK ASSESSMENT: Describe any known risks or dangers specific to the program itinerary | (12) SAFETY & SECURITY MEASURES: Describe measures that will be taken to address potential risks |
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| <u>Public Health/Medical Facilities/Healthcare</u> | |
| <u>Road/Traffic/Transportation Safety</u> | |
| <u>Civil Unrest/Terrorism/Crime</u> | |
| <u>Weather/Natural Disasters</u> | |
| <u>Cultural Awareness Issues</u> | |

(13) APPROVAL SIGNATURES

STUDY ABROAD OFFICE: _____ **DATE** _____

FACULTY SPONSOR/PROGRAM LEADER: _____ **DATE** _____

RISK MANAGEMENT OFFICE: _____ **DATE** _____