Saint Joseph’s University
Request for Exception(s) to University Policy Prohibiting Travel

As per the International Travel Policy, Saint Joseph’s University will not fund or sponsor any travel to countries on the U.S. State Department Warning List, the Centers for Disease Control Travel Notice List, or the Department of Treasury’s Office of Foreign Assets Control Travel Restriction List. Students, faculty, staff or administrators seeking an exception to this policy must complete this Request for Exception Form and submit it to the Center for International Programs prior to any trip planning. The following materials must be attached for consideration:

1. A detailed itinerary, with dates and times of travel, as well as means of transportation to, from and among locations to be visited.

2. Documentation of in-country conditions or program design elements that address or supplant those described in the U.S. Department of State Travel Warning, Centers for Disease Control Travel Notice or Department of Treasury Office of Foreign Assets Control Travel Restriction.

3. Letters of invitation verifying that the program partners understand University concerns and are prepared to address them, including specifically how they will be addressed.

4. Any other materials as needed to demonstrate reasonable care/safety will be in place during the travel proposed.

Please refer to the Policy for additional information about the appeal process.

Applicant Name ___________________________ SJU ID# ___________________________

E-mail Address ___________________________ Primary Phone Number ___________________________

Location of Proposed Travel ___________________________

Purpose of Proposed Travel ___________________________

____________________________________________________________________________

I support the filing of this Request for Exception to the University’s International Travel Policy.

____________________________________________________________________________

Signature of applicant

Date: _____________________

Signature of appropriate Dean (for students)

Date: _____________________

Signature of appropriate Dean or area Vice President (for faculty, staff and administrators)

Date: _____________________