

Undergraduate Travel Request to Heightened Risk Region

Letter of Support from Sponsoring Academic or Program Unit

To be completed by student:

Student Name:	Penn ID:
Department/College:	Email:
Heightened Risk Region(s) to be visited:	Exact Dates of Travel:
Purpose of Travel:	

To be completed by faculty or administrator:

Please provide a letter in support of this student's proposed travel to a heightened risk region. The letter need not endorse the safety of the location but should explain the academic value of this trip and how the opportunity will positively impact the student's academic experience at Penn.

Signature:	Date:
Title:	Dept/College: