



THE TEXAS A&M UNIVERSITY SYSTEM

OFFICE OF RISK MANAGEMENT

INTERNATIONAL TRAVEL QUESTIONNAIRE FOR EXTREME RISK COUNTRIES

Date: _____

Name of Traveler: _____

Member: _____

Purpose of Trip: _____

Departure Date from U.S.: _____ Return Date to the U.S.: _____

Destination Country: _____ Destination City: _____

If Traveling to Additional Locations:

Destination Country: _____ Destination City: _____

Destination Country: _____ Destination City: _____

What is the planned method of transportation while traveling within the destination country?

Where will you stay while in your destination country?

Are you aware of current safety, health or security concerns in your destination country? Please elaborate below:

How do you plan to address these security concerns during your trip?

If you are traveling with a security detail, please provide information on how the security firm was obtained?

Please list your destination contact names, addresses, and phone numbers. If visiting multiple countries, please list a contact for each destination:
