



## APPROVAL RISK ASSESSMENT FOR INTERNATIONAL TRAVEL INVOLVING STUDENTS

By completing this form, you are demonstrating that the appropriate risk mitigation steps are being taken. You will be required to visit the Global Affairs Canada at <https://travel.gc.ca/travelling/advisories> in order to complete this form.

After completing and signing this form, please submit it directly to the Approval Authority (Dean, Director, or their designate) for your Faculty/School or Department in order to receive approval for the international activity.

<b>Faculty/Department/Unit/Group:</b>	
<b>Name of International Activity/Program:</b>	
<b>Individual Student/Faculty or Group Leader:</b>	
Name:	Phone:
Position:	Email:
<b>Category of International Activity:</b>	
Choose an item from the dropdown menu below.	
If Other, please explain:	
<b>International Activity Dates:</b>	
Departure:	Return:
<b>Location</b> (city, country)	<b>GAC Travel Rating</b> ( <a href="https://travel.gc.ca/travelling/advisories">https://travel.gc.ca/travelling/advisories</a> )
<b>Provide a brief description of the types of activities that will be performed:</b>	
<b>Please outline below the potential hazards/risks which may be faced during this international activity and the steps that will be taken to mitigate the hazards/risks.</b>	
<b>Potential Hazards/Risks</b>	<b>Risk Mitigation</b>
Location:	

International Travel:	
Adverse Weather:	
Physical:	
Biological:	
Other:	

**Note:** Per the International Travel and Safety Policy the College will not sanction travel by students participating in international activities in Extreme Risk or High Risk countries or regions, except in exceptional circumstances.

**To be completed by the travelling Individual Student, or if travelling as part of a faculty/staff led group, the Faculty/Staff Group Leader:**

**I have reviewed the International Travel and Safety Policy and understand my responsibilities, as the group leader/student, and the requirements of all students participating in College approved international activities.**

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Position** (please circle):

Student

Staff/Faculty (please indicate title):

\_\_\_\_\_

**Date:** \_\_\_\_\_

**To be completed by the Approval Authority (Dean/Director/Designate):**

**I have reviewed and approve the Risk Assessment.**

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Date:** \_\_\_\_\_