



DARTMOUTH COLLEGE TRAVEL WAIVER DOCUMENTATION  
Within the Provost Office of Dartmouth College

**Supervisor Health & Safety Statement**

The individual indicated below is applying for a Dartmouth College travel waiver to conduct research, study, or work under your advisement. The College requires a formalized review of the health & safety risks associated with any Dartmouth travel when the proposed destination is listed by the U.S. State Department on their travel warning list. The traveler is required to submit a personal risk management plan along with this form, completed by their in-country supervisor to initiate the formal review.

Traveler's Name: \_\_\_\_\_ Duration of travel: \_\_\_\_\_

Specific location(s) of work, study, or travel: \_\_\_\_\_

Supervisor Name (print): \_\_\_\_\_

Organization/ Institutional Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

*Please address the following below OR on a separate page*

1. To what extent will the proposed work be supervised or independent?
  
  
  
  
  
  
  
  
  
  
2. Does your organization have experience providing support to international travelers?
  
  
  
  
  
  
  
  
  
  
3. Describe any in-country support provided by your organization/institution including  
**a).** pre-departure and/or on-site orientation, **b).** airport pick up or local transportation arrangements, **c).** emergency response support
  
  
  
  
  
  
  
  
  
  
4. Are there specific risks (legal, environmental, and/or personal health/safety) related to the type of work/study the traveler will undertake?

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date