## **International Travel Risk Assessment & Advisory Committee**

## Dean's Endorsement Form

Student's Name Student ID #  Destination Country  College/School	Anticipated Travel Dates	MM/DD/YYYY - MM/DD/YYYY
Destination Country	Anticipated Travel Dates	MM/DD/YYYY - MM/DD/YYYY
College/School		
Major/Minor		I
Adviser Name	Adviser Phone	
Please complete and return this form to the student.  Name		
Title*		
Email	Phone	
*This person must be the college dean unless the dean has committee of a designate by emailing itraac@umn.edu.		his role. Officially notify the
I have reviewed the following materials provided to m	ne by the student (check all that apply):	
☐ ITRAAC Proposal ☐ Departi	☐ Department Chair or Academic Adviser Letter of Support	
☐ Program or Syllabus ☐ Other: _		
I certify the academic value of this experience is we regarding the safety of the specific location in quest course of study at the University of Minnesota.		=
Signature	Date	MM/DD/YYYY
Please add any comments you wish the committee to	o consider in addition to the above statemen	t.

## **Global Programs and Strategy Alliance**

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