

**GRADUATE STUDENT INTERNATIONAL TRAVEL ADVISORY
AND WAIVER**

I confirm that I have read and understood the U.S. State Department Travel Warning for _____ dated _____ and that, in spite of this warning and the University's recommendation against travel to _____ at this time, I have made the decision to travel to _____ in (term) _____ (year) _____ to conduct research or for other academic purposes related to my study.

I recognize that the University of Michigan cannot guarantee my safety in _____, and I acknowledge that my travel may expose me to significant risks including, but not limited to, terrorism, war, serious bodily injury or death, property damage, and other risks that may not be foreseeable.

Name (print)

Department, School, or College

Signature

Date

*Please complete and sign, then forward to: Director, Office of International Programs,
G513C Michigan Union, 1349, fax 734-764-3229*