**CHECK-LIST**

**Please ensure you attach 2 documents to a message to**

**moira\_rogers@med.unc.edu with copy to martha\_carlough@med.unc.edu**

1. **OGHE PDF**

**Forms:**

**1. OGHE Travel Exemption**

**2. OGHE Risk assessment (updated matrix with information for your site(s)**

**3 Letters from:**

**1. Your program director**

**2. Your personal physician**

**3. Your local host or program administration at your desired destination**

**Incomplete travel exemption requests will not be processed**

**OGHE will review your application. If approved, we will submit it to the Provost's office for approval.**

1. **Request for Exemption (Provost Form)**