

COVID-19 Emergency
Travel Waiver
Request Form
The University of Mississippi

This form is to be used to request a COVID-19 Emergency Waiver. The request should be submitted to Provost Office (kcsclone@olemiss.edu) and Vice-Chancellor for Research (jgladden@olemiss.edu) **prior to** making any reservations or commitments.

Date: _____ Department: _____

Name of Traveler: _____ Phone: _____

Traveler's E-Mail Address: _____

Travel Date(s): _____

Destination(s): _____

Purpose of Travel: _____

Please explain why your request is essential University Travel and cannot be delayed until after the COVID-19 Emergency period ends. (You may include additional sheets/file with this form in support of your response below.)

Please explain whether and how all safety precautions are being met to ensure your safety and the safety of the University community from spread of the Coronavirus. This statement should include explicit statements about social distancing, masks, and other appropriate safety practices for minimizing spread. (You may include additional sheets/file with this form in support of your response below.)

Departmental Approval _____
Department Head **Date**

Academic Dean Approval _____
Dean **Date**