

STUDENT TRAVEL AUTHORIZATION REQUEST

Name \_\_\_\_\_ Student # \_\_\_\_\_

Graduate Student: \_\_\_\_\_ Undergraduate Student: \_\_\_\_\_

Present Address \_\_\_\_\_ Phone # \_\_\_\_\_

Permanent Address \_\_\_\_\_ Phone # \_\_\_\_\_

E-mail Address \_\_\_\_\_ Work Phone # \_\_\_\_\_

I, \_\_\_\_\_ request permission for travel from \_\_\_\_\_

a.m./p.m. on \_\_\_\_\_ (date) until \_\_\_\_\_ a.m./p.m. on \_\_\_\_\_ (date)

Specific purpose for this travel: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Destination of travel: \_\_\_\_\_

Is reimbursement of expenses requested? \_\_\_\_\_ no \_\_\_\_\_ yes. If yes, complete expense estimate below.

Transportation

Plane \_\_\_\_\_

Private/University Car \_\_\_\_\_

Lodging and Meals

Lodging (In or Out-of-State) \_\_\_\_\_

Meals (In or Out-of-State) \_\_\_\_\_

\_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Estimated Cost (not necessarily amount of reimbursement): \_\_\_\_\_

\_\_\_\_\_

Signature of Requester

\_\_\_\_\_

Date

(Over)

**Complete the following for International Travel:**

Passport No. \_\_\_\_\_ Expiration Date \_\_\_\_\_ Date/Place of Issue \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Telephone/FAX Day \_\_\_\_\_ Night \_\_\_\_\_

Are you covered by medical insurance? [  ] Yes [  ] No

Name of insurance provider \_\_\_\_\_

All USA students traveling abroad are required to have a STA International Identification Card for the duration of their stay overseas. For information and application forms, contact the office of International Programs at 460-7053.

**AUTHORIZATION FOR STUDENT LEAVE OR TRAVEL**

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I approve the leave or travel requested on the reverse side of this form as being in the best interest of the University. Reimbursement for expenses incurred is approved in the following amounts:

Account \_\_\_\_\_ Amount \_\_\_\_\_

Account \_\_\_\_\_ Amount \_\_\_\_\_

Account \_\_\_\_\_ Amount \_\_\_\_\_

\_\_\_\_\_ Travel is approved, but no reimbursement is approved.

**APPROVED BY:**

\_\_\_\_\_  
DEPARTMENT CHAIR DATE

\_\_\_\_\_  
DEAN DATE

\_\_\_\_\_  
V.P. STUDENT AFFAIRS DATE OR \_\_\_\_\_  
SR. V.P. FOR ACADEMIC AFFAIRS DATE

(Only applicable if funds from Student Affairs area are being used) (VP of Academic Affairs signature is only needed for international travel)

\_\_\_\_\_  
DIRECTOR OF INTERNATIONAL PROGRAMS DATE

\_\_\_\_\_  
PRESIDENT DATE  
(Required only for travel beyond the contiguous forty-eight states and the District of Columbia)