

Student Request for Approval of Travel

Student ID: _____

DATE: _____

Please Check One:

In State

Out of State

(Send to Provost Office 60 days prior to travel)

PLEASE TYPE & Do Not Use Abbreviations

Name: _____ Phone: _____

Email: _____ Dates of Trip: _____

Travel Destination(s): _____

(City/State/Country):

Please indicate your role of the conference.

How will your classes/duties be handled in your absence? (if applicable)

Faculty Sponsor (Faculty sponsor must send supporting email separately).

ESTIMATED EXPENSES	
Transportation	_____
Registration, Tuition	_____
Lodging	_____
Meals	_____
Other	_____
TOTAL	_____
Advanced Requests	_____
MAX. Amount Approved for Travel Encumbrance	_____

What is the significance of this conference to your professional life?

		Amount Authorized:	
Traveler Signature	Date		
APPROVAL			
YES ___ NO ___			
	Direct Supervisor/Dept. Chair		DATE