## STUDENT TRAVEL AUTHORIZATION REQUEST

Name	Student # Undergraduate Student:			
Graduate Student:				
Present Address	Phone #	Phone #		
Permanent Address	Phone # Work Phone #			
E-mail Address				
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? below.				
<u>Transportation</u> Plane Private/University Car <u>Lodging and Meals</u> 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			

## **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 ins	surance? [ ] 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

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 ap	prov	ed, but no reimbursement is appr	oved.			
APPROVED BY:	DEPARTMENT CHAIR		DATE	DATE			
		int					
	DEAN		DATE				
V.P. STUDENT AFFAIRS	DATE	OR	SR. V.P. FOR ACADEMIC AFFAIRS	DATE			
(Only applicable if funds from Studer	nt Affairs area are being used)		(VP of Academic Affairs signature is only need	ded for international travel)			
	DIRECTOR OF INTERNATIONAL PROGRAMS DATE						
	PRESIDENT (Required only for trave	l beyon	DATE d the contiguous forty-eight states and the Distric	et of Columbia)			
Revised 01/28/2022		-					