

STUDENT TRAVEL REQUEST FORM

Please fill out form and return to the Administrative Assistant for your Department, at least ten (10) business days before the trip. **INCOMPLETE TRAVEL PACKETS WILL NOT BE ACCEPTED OR APPROVED**

Name of Requestor: _____ Date: _____

Position/Department: _____

Business Phone: _____ Business Email: _____

Permission is granted for: _____

Name of Student (Please Print)

TRIP INFORMATION:

Dates of Travel: _____

Location: _____

Purpose of Trip: _____

Total Number of Travelers: _____

Personal Vehicle _____ or College Vehicle _____

Students using personal vehicle are covered under their personal insurance and must carry proof of their insurance with them.

Name of Trip Coordinator: _____

Phone #: _____

Requestor Signature: _____

Department Chair Approval: _____

Vice President Approval: _____

