STUDENT TRAVEL AGREEMENT FORM

Department:______________  **Traveler’s Name:______________

**For a group of students, complete one authorization form and attach list of students

**FUND(S)**

<table>
<thead>
<tr>
<th>State Fund</th>
<th>Non-State Fund</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>Non-Employee</td>
</tr>
</tbody>
</table>

Travel authorization in connection with the following activity:

(Use space below options to provide specific details pertaining to the nature of the travel request)

- Present Paper (include title)
- Attend Conference (identify)
- Associated with a course (specify)
- Other (please specify)

at_________________________from___________________to___________________
(city)                       (state)                        (dates)

____________________________________  ______________________
(Signature of Student Traveler)        (Date)

____________________________________  ______________________
(Signature of Department Chair/Director)(Date)

____________________________________  ______________________
____________________________________  (Date)

____________________________________  (Date)