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)