



STUDENT TRAVEL AGREEMENT FORM

Department: _____ **Traveler's Name: _____

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

FUND(S)

Blank lines for entering fund information

Fund Type

State Fund Non-State Fund

Employee Status

Employee Non-Employee

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)

Blank lines for providing specific details of the travel request

at (city) (state) from to (dates)

Signature and Date lines for Student Traveler, Department Chair/Director, and two additional blank entries