

Authorization For Student Travel

Name of Student: _____ SS#: _____

Classification: _____ Major: _____

On Campus Address	Phone	Off Campus Address	Phone

In case of Emergency, notify:

Name	Relationship to Student	Address	Phone

I must take the following item(s) or required documentation:

- ___ Personal Identification
- ___ Personal Health Insurance Card
- ___ Personal Vehicle Insurance Card (If Driving)
- ___ Personal Prescribed Medication

Reason for Participating in this Activity: _____

I have reviewed a copy of the Policy Regulating Student Travel and agree to abide by the rules of good behavior while attending off campus activities.

Good conduct is expected on and off campus. Any student who fails to adhere to the standards of good conduct while participating in off campus activities is subject to disciplinary action as outlined in the Student Handbook and Code of Conduct.

Signature

Date

HOUSTON, TEXAS
Authorization For Student Travel

Date: _____

___ Texas ___ U.S. ___ International

To: Associate Provost for Student Services and Dean of Students
Re: Authority for Student Travel

Requested by: _____ Dean: _____
Title: _____ Department Head: _____
Phone: _____ College/School: _____

Destination:

Place of Destination	Address	Telephone Number	Destination Contact Person

Schedule of Activities:

Nature of Activity	Departure Date	Departure Time	Return Date	Return Time

___ Day Trip ___ Overnight Stay

Length of Trip: ___ 1 Day ___ 2 Days ___ 3 Days ___ 4 Days ___ 5 Days ___ Other, explain: _____

Overnight Trip, list place of lodging:

Name	Phone	Address

Name of Person Accompanying Students	Title	Address	Cell Phone

Purpose: _____

If trip is a part of class, identify class _____
Name of Instructor for class _____
Meeting time and day of Class _____

Mode of Transportation:

___ Charter Public Carrier ___ Non-chartered Public Carrier ___ University Vehicle

___ Staff Automobile (Name of Driver and DL#) _____

___ Student Automobile (Name of Driver and DL#) _____

If mode of transportation is by airline, please provide the following information:

Name of Airline	Date of Departure	Time of Departure

Funding Sources:

Fund	Organization	Program	Account