

Please type this request. Handwritten documents
(except signatures) will not be accepted.

Student Travel Authorization Request

- Department: _____
- Student Organization: _____
- Other: _____

Trip Coordinator/Trip Information

Name: _____ Title: _____

Trip Coordinator's Department: _____

Office Phone: _____ E-mail: _____

Purpose: _____

Destination: _____

Travel Dates: Departure: _____ Return: _____

Total # of Student Participants: _____ Total # of Non-Student Participants (including CU Staff/Faculty): _____

Lodging Arrangements (if applicable) Name of Hotel, Address, and Phone: _____

Name of Lead CU Employee Traveler: _____

Mobile Phone Number: _____

Travel Arrangements

Airline Travel: _____

Flight Information: _____

Vehicle: _____

CU-Owned Personal Vehicle Rental Van Other: _____

Name(s) of Drivers: _____

*In an effort to protect the safety of the motor vehicle operator, passengers, and other motorists and comply with state law, all drivers whether state employees, volunteers, or students are not permitted to use electronic handheld devices, including cellular or mobile telephones, pagers, digital assistants, laptop computers, or any other electronic communication device while operating the motor vehicle. **Students are prohibited from driving other students to and from University sponsored events in privately-owned vehicles.***

Emergency Contact

Department employee designated as on-campus emergency contact: _____

Office Phone: _____ Cell Phone: _____ E-mail: _____

Required Documents

The Trip Coordinator must initial applicable items below. Coordinator must acquire and keep on file all of the following documents as required by the University's Records Retention Policy:

Student Travel Roster (see T7 form updated Sept 2022) Note: Roster amendments must be submitted to the Student Services office before trip commences.

Voluntary Assumption of Risk and Informed Consent forms for all participants (see T8 form dated Sept 2022)

Student Travel Insurance Note: Student travel insurance is required for all trips **Charge Account #:**

Verification of driver's licenses for all drivers (if applicable) **Dept Name to Charge:**

Verification of current liability insurance (if using personal vehicles only)

For international travel, copies of passport for all participants (one copy with dept. and one copy with Office of Academic Affairs)

Trip Coordinator Acknowledgment

My signature below verifies that I have read the Cameron University Student Travel Policy and affirm that this trip meets all requirements of this policy.

Trip Coordinator Signature: _____ Date: _____

Department Chair/Director Recommendation

Name: _____ Title: _____

Signature: _____ Date: _____

Academic Dean or Appropriate Vice-President Recommendation

Name: _____ Title: _____

Signature: _____ Date: _____

Note: All appropriate signatures above must be obtained before submitting to the Office of the Dean of Students.

Dean of Students

Name: _____ Title: _____

Signature: _____ Date: _____

Travel Request Approved Travel Request Denied

FOR STUDENT SERVICES USE ONLY:

Date Received: _____ Added to W Drive: _____

Signature: _____

Notes: _____
