

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

Student Travel Authorization Request		
Department:		
☐ Student Organization:		
Other:		
Trip Coordinator/Trip Infor	mation	
Name:		Title:
Trip Coordinator's Department:		
Office Phone:		E-mail:
Purpose:		
Destination:		
Travel Dates: Departure:		Return:
Total # of Student Participants: _	Total # of N	on-Student Participants (including CU Staff/Faculty):
Lodging Arrangements (if applic	cable) Name of Hotel, Address, and P	hone:
Name of Lead CU Employee Traveler: Mobile Phone Number:		
Travel Arrangements		
Airling Travel:		
_		an Other:
state employees, volunteers, or digital assistants, laptop compu	students are not permitted to use el	engers, and other motorists and comply with state law, all drivers whether lectronic handheld devices, including cellular or mobile telephones, pagers, nication device while operating the motor vehicle. Students are prohibited 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:

> StudentTravel 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 (see T9 form dated Sept 2022) Note: Student travel insurance is required for all trips

Verification of driver's licenses for all drivers (if applicable)

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

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 ______ Title: ______ Signature: Date: Academic Dean or Appropriate Vice-President Recommendation ______ Title: _____ _____ Date: _____ Note: All appropriate signatures above must be obtained before submitting to the Office of the Dean of Students. **Dean of Students** ______ Title: _____ Signature: _____ Date: _____ ☐ Travel Request Approved ☐ Travel Request Denied FOR STUDENT SERVICES USE ONLY: Date Received: _____ Added to W Drive: _____ Signature: ___