

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-Students Participants (including CU Staff/Faculty): _____

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

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 will not drive other students to and from University sponsored events in privately owned vehicles.

Emergency Contact

Name of CU employee serving as on-site 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 *(Submit a copy with this form. Submit an updated roster and updated travel plans prior to departure.)*
- _____ Voluntary Assumption of Risk and Informed Consent forms for all participants
- _____ Student Travel Insurance *(encouraged for all travel, but only required for trips longer than 24 hours and/or overnight lodging - contact the Office of Student Development)*
- _____ 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 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: _____

Dean of Students

Name: _____ Title: _____

Signature: _____ Date: _____

Travel Request Approved Travel Request Denied

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FOR STUDENT SERVICES USE ONLY:

Date Received: _____ Added to W Drive: _____

Signature: _____

Notes: _____
