UC_logo-Black

***Student Travel Authorization Form***

*For students traveling individually (non-employees)*

*For use with policy 1.10.2 – Student Travel*

***Please print or type all responses***

|  |
| --- |
| Name of Traveler:  M# |
| Academic Department or Student Organization Name: |
| Traveler’s Phone Number: - - |
| Name of Emergency Contact Person: |
| Emergency Contact Phone Number: - - |

|  |
| --- |
| Purpose of travel: |
| Itinerary Details (or attach itinerary): |
|  |
|  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Promptly send a copy of all approved Travel Authorization Forms for international travel to UC International ML0640*  Travel is: Domestic  International | | | |  |  | | | |  | |  | |  | |
| Travel Dates: |  | Destination(s): | | | |  | ***For internal use by unit:*** | |  |
| to |  |  | | | |  |  |
| to |  |  | | | |  |  |
| to |  |  | | | |  |  |
| Indicate any dates within travel period that are for personal travel: | | |  | | | | |  |  |  | |  | |

|  |  |  |
| --- | --- | --- |
| **Submitted by:** |  | **Approved by Sponsoring Department/Organization:** |
|  |  |  |
| **Traveler’s Signature\*** |  | **Type/Print Name** |
| \* W*hen using a personally-owned vehicle for travel, this signature certifies the traveler has a valid U.S. or Canadian driver’s license and the required insurance coverage.* |  |  |
|  | **Signature of Approver\* Date** |