

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#	Purpose of trave	:
Academic Department or Student Organization Na	ime:		
		Itinerary Details (or attach itinerary):
Traveler's Phone Number:			
Name of Emergency Contact Person:			
Emergency Contact Phone Number: -	-		
Travel is: Domestic International Travel Dates:	Promptly send a copy of all approv Forms for international travel to UC Destination(s):	ved Travel Authorization C International ML0640	For internal use by unit:
to			
to			
to			
Indicate any dates within travel period that are for personal travel:			
Submitted by:		Approved by Spon	soring Department/Organization:
Traveler's Signature*		Type/Print Name	
* When 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