

Application for Faculty/Staff Travel with Students

TRIP TYPE (select from either domestic or international travel; form applies only to overnight trips)

DOMESTIC TRAVEL REQUEST

(CHECK ALL THAT APPLY)

MISSIONS

ACADEMIC

OTHER

INTERNATIONAL TRAVEL REQUEST

(CHECK ALL THAT APPLY)

MISSIONS

ACADEMIC (not for Study Abroad; contact office)

OTHER

Dates of Trip From: To:

Itinerary: Which states or countries will students travel to or through?

What is the purpose of trip?

How is the trip being funded, and how are funds being managed?

Who is making arrangements for transportation, lodging and meals? Include any outside travel agency or other organization involved in making arrangements.

Please include date with signature

Signature of Requestor: _____ Print name: _____

For academic trips with students

For non-academic trips with students

Academic Department Chair

Department Head

Academic Dean

Vice-President

Provost

**Please submit the signed form to the Office of Spiritual Formation
at least three weeks prior to the proposed departure date.**

For Internal Use only

Date received by Spiritual Formation

Approved by Spiritual Formation

Risk Management