

APPENDIX 1 - TRIP REQUEST FORM

For College-Sponsored Travel

Faculty/Staff Member requesting travel:			
Department:			
PART A - TRIP ITINERARY			
Destination (specific):			
Date(s) of travel:	Departure time:		Return time:
Method of travel:			
Name(s) of driver(s):			
Index to be charged:			
Associated institutional costs:			
Associated institutional costs.			
Associated student costs:			
Will travel be funded with \underline{any} student club	or student government fu	nding? 🗆 Yes	□ No
*Academic student travel utilizing student club or stude (Gen Ed) or Executive Director of Career Technical Ed			cutive Director of General Education
CHECK THE APPROPRIATE BOX or BOXES:	, ,		
☐ Academic Course Requirement			
☐ Academic Course Elective			
All academic student travel must be approved by the Director of Nursing and Part B (page 2) of this form m	,	•	
☐ Non-Academic: All non-academic college-spoi	-	-	
<u>student club or student government funding</u> must be or CTE, or Director of Nursing	approved by the Executive Direct	or of Gen Ed	
Executive Director of Gen Ed or CTE, or Director of Nursing		Date	

Please submit to the Business Office with a **Request and Authorization to Travel**, copies to Executive Director of Gen Ed or CTE, or Director of Nursing (for academic and non-academic)



PART B – LEARNING OUTCOMES (ACADEMIC PROGRAMS MUST COMPLETE THIS SECTION)			
Course: Meeting days/time:			
Intended learning goals and objective (include supply justification for the destination chosen):			
How will intended learning goals and objectives be met if student/s are unable to travel?			