



TEXAS SOUTHERN UNIVERSITY

AUTHORIZATION for STUDENT TRAVEL

Date: \_\_\_\_\_

Texas  U.S.  International

TO: Associate Provost for Student Services and  
Dean of Students

RE: Authority for Student Travel

Requested by: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Chief of Police: \_\_\_\_\_

Department Head: \_\_\_\_\_

Dean: \_\_\_\_\_

Designated V.P.: \_\_\_\_\_

President: \_\_\_\_\_

(If International travel)

Grant Approval: \_\_\_\_\_

Destination:

Place of Destination	Address	Telephone Number	Contact Person at Destination

Schedule of Activities:

Nature of Activity	Departure Date	Departure Time	Return Date	Return Time

Length of Trip:  Day Trip  Overnight Stay  1 Day  2 Day  3 Day  4 Day  5 Day

Other, explain \_\_\_\_\_

If trip is overnight stay, list the place of lodging:

Name	Phone	Address

Name of person Accompanying Students	Title	Address	Cell Phone

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Purpose: \_\_\_\_\_

If this trip is a part of a class, identify the class: \_\_\_\_\_

Name of instructor of the class: \_\_\_\_\_

Meeting time and day of the class: \_\_\_\_\_

Mode of Transportation:  Charter Public Carrier  Non-chartered Public Carrier  University Vehicle

Staff Automobile (Name of Driver and DL#) \_\_\_\_\_

Student Automobile (Name of Driver and DL#) \_\_\_\_\_

If mode of transportation is by airline, please provide the following information:

Name of Airline	Date of Departure	Time of Departure

Funding Sources:

Funding Number	Organization	Program	Account

Attach a list identifying all students who will participate in this activity.