

UTHSCSA STUDENT TRAVEL AUTHORIZATION

GROUP NAME _____

SPONSORING DEPARTMENT _____

APPROPRIATE INSTITUTIONAL OFFICER & PHONE/PAGER # IN ROUTE

DATES & TIMES OF TRAVEL _____

DESTINATION _____

PURPOSE OF TRAVEL _____

MODE OF TRANSPORTATION _____

DRIVERS _____

LODGING OR DESTINATION CONTACT'S NAME & PHONE NUMBER

GROUP LIST

#	Name	Emergency Contact
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Submitted by: _____ **Date** _____
Appropriate Institutional Officer for the Trip

Approved by: _____ **Date** _____
Designated Administrator (Associate Dean of Student Affairs)

Copies: Appropriate Institutional Officer Associate Dean Campus Police