

STUDENT TRAVEL REQUEST

Student Information:

Full Name:

Cell Phone:

Student ID:

Email:

Conference/Event Info:

Name of Conference/Event:

Dates of Travel (from/to):

Location:

Reason for Participating:

Classes missed while travelling: (Course and Section #)

Estimate of Expenses:

Notes:

Registration Fee: \$

Meals \$

Hotel \$

Airfare \$

Airport Location:

Train Fare \$

Mileage (# miles x college rate) \$

Other \$

Estimate Total:

Check if you would prefer:

check held for pick up

check mailed to home address in PAWS

Travel Guidelines:

1. All travel requests must be received and approved by the Dean's Office at least 2 weeks prior to travel.
2. NJ State rules govern the maximum amounts allowed for meals and mileage. See the Student Travel website.

Faculty Approval - Supervising faculty member, please print and sign here:

Print Name

Signature

Date

For Office Use:

Amount Approved by the School: