Request to Travel for Non-HMT Majors

Note: *This must be accompanied by the following* ***or it will not be accepted.***

1. A letter from your adviser stating you will receive credit for this trip and exactly what the trip credit will substitute for in your curriculum.  The letter from your adviser must have an original signature, their contact information, and assignments to be completed in order to receive credit for the trip.
2. An attachment (a page has been provided for you) with the following documents on one page: a color copy of your passport (for international travel) and your driver's license, a list of 3 emergency contacts, and a copy of your medical insurance and/or travel insurance card.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trip Name and Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Local address: | | |
| City: | State: | ZIP Code: |
| Permanent address: | | |
| City: | State: | ZIP Code: |
| Cell phone: | NSU email: | Other email: |

**School-Related Activities**

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| Major degree: |
| Minor degree (if applicable): |
| Other clubs/activities: |

**Medical Information\***

\*Note: Any medical information listed below will be kept confidential within the FACS Division.

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| Food Allergies: |
| Other medical information: |
| Travel restrictions (ie. Fear of heights, limited walking ability): |

Student Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Official Use Only

Name (printed or typed) Signature (original) Date

Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Division Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Budget Unit Head \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Dean \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

**Required Documentation for Student Travel**

Color Passport Copy/ Photo Photo ID

Medical Card

**Required Documentation for Student Travel**

**Emergency Contact Information**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | Relationship to you | Email Address | Street Address | City | State | Zip Code | Home Phone | Work Phone | Cell Phone |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |