

INTERNATIONAL TRAVEL REQUEST AND INFORMATION

PLEASE SUBMIT (AT LEAST TWO WEEKS PRIOR TO PROPOSED TRAVEL)
TO YOUR DEPARTMENT CHAIR; ALL INTERNATIONAL TRAVEL FOR
WORK MUST FIRST BE APPROVED BY MEANS OF THIS FORM.

Name: _____ Department: _____

City, country, address of international visit:

Destination phone number:

Dates of visit:

Funding source:

Purpose of visit:

How will the courses
be covered?

Signature of Department Chair

Date

Signature of Provost

Date

Signature of Dean

Date