



Request for Student Travel Off-Campus
 Student Trip Insurance Form
 Rate is \$ 0.08 per student per day



Department: _____

Date: _____

Purpose of Travel:

Destination: _____

Address:

CITY STATE ZIP

Start Date: _____

Return Date: _____

List students attending in alphabetical order:

Signatures:

 Faculty Member

 Academic Affairs

 Division Head

 Business Affairs