



REQUEST FOR INTERNATIONAL TRAVEL WITH STUDENTS

(Submit with Request for Authorization to Travel at least three months prior to international travel)

Date of Request: _____ Begin Date of Trip: _____ End Date of Trip: _____

Course Title: _____ Course Number: _____

Instructor: _____ ID# _____

Anticipated number of students/participants _____

Destination: _____

Purpose: _____.

Mode of Travel (Indicate all that apply): _____

Estimated Cost: \$_____ Paid by: _____

CPCC GL Account #: _____
(Required if revenues/expenses involved)

APPROVALS:

_____ Initials/Global Learning Office

Signature/Division Director/Immediate Supervisor Date

Signature/Dean Date

Signature/Vice President for Learning Date
(Vice President's signature required for out-of-country travel)

Signature/President Date
(President's signature required for out-of-country travel)

Copy to: Division Director/Immediate Supervisor
Director of Global Learning; Overcash 303: Nadine Russell Ext. 6167
Risk Management/Risk Analyst

Note: Three business weeks prior to departure, resubmit copy of this approved request along with itinerary and the student roster form. It is required that participants purchase the approved International Travel Insurance.