Request to Travel for HMT Majors

Note: *This document will only be accepted by office personnel with an attachment of the following documents on one page: a color copy of your passport (international travel) –AND- your driver's license (domestic travel), a list of 3 emergency contacts, and a copy of your medical insurance and/or travel insurance card. A sheet has been provided with this request to place your copies on.*

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

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

|  |  |  |
| --- | --- | --- |
| Local address: | | |
| City: | State: | ZIP Code: |
| Permanent address: | | |
| City: | State: | ZIP Code: |
| Cell phone: | NSU email: | Other email: |
| Major: | Minor: | Second Major/ Minor if applicable: |
|  |  |  |

**School-Related Activities**

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| --- |
| 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**

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