

STUDENT TRAVEL AUTHORIZATION FORM

This form must be **completed and signed by the Designated Trip Leader** and **submitted to the Appropriate University Official for approval** at least five (5) business days prior to scheduled travel within the United States and at least sixty (60) days prior to international travel. Failure to complete this form thoroughly and accurately prior to travel may result in non-approval of travel, loss of current and future travel, and loss of funding and/or reimbursements.

All international student travel must be reviewed by the Associate Provost for International & Global Initiatives or designee (see page 3).

TRIP INFORMATION (All travel must comply with University travel and procurement policies and guidelines).

Organization/Group Traveling: _____

Purpose of Travel: _____

An itinerary can be attached to this form in place of dates and location of travel and event.

Dates of Proposed Travel: from _____ to _____

Location of Event: _____

Date[s] of Event: from _____ to _____

*Method of Transportation (check all that apply): Personal Vehicle _____ Bus _____ Air _____ Train _____

University Owned or Leased Vehicle (refer to University Policy 3356-4-18) _____ (Individuals who drive university-owned, rented or leased vehicles are required to submit a completed MVR Form to the Department of Environmental and Occupational Health and Safety (EOHS), Cushwa Hall, RM 2303 or fax 330-941-3798); allow three (3) days for processing. The MVR Form can be found at the EOHS website).

Other (if other describe: _____)

If traveling via personal vehicle the following information is required (attach addition sheet for additional drivers):

Drivers Name: _____

Driver's License Number: _____ Vehicle License Plate Number: _____

Copy/proof of Current Auto Liability Insurance submitted with this form.

If traveling via bus/shuttle/train service the following information is required:

Company/Service Name: _____

Telephone Number: _____

If traveling via commercial airline the following is required (or attach itinerary/flight confirmation[s]):

Name of Airline to event: _____ Flight Number: _____

Name of Airline from event: _____ Flight Number: _____

Is this an overnight trip: No _____ Yes _____

If yes, Accommodation Name: _____

Accommodation Address: _____

Accommodation Telephone Number: _____

*If all participants are not traveling via the same means; each participant's travel must be identified separately including the participant[s'] name, means and date of travel and any required information applicable to that means of travel

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DESIGNATED TRIP LEADER ACKNOWLEDGMENT AND CONFIDENTIALITY AGREEMENT

As the designated trip leader I understand that I am required to retain each participant's AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT FORM during the course of the trip. I understand that information on this FORM is sensitive and confidential participant information and that Youngstown State University expects me to hold this information in confidence. Since this information is available to me because of my status as a Designated Trip Leader, I will not discuss, use, forward, print, copy or otherwise disseminate any of this participant information for purposes outside of my responsibilities as a Designated Trip Leader. At the conclusion of the trip I will promptly return all participants' AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT FORMS to the APPROPRIATE UNIVERSITY OFFICIAL and delete any AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT FORMS that I have stored electronically.

I also acknowledge that I have reviewed and understand the procedures and requirements of University Policy 3356-8-07 Student Travel and the YSU Travel Guidelines (see YSU Travel Services webpage).

Name Printed: _____

Telephone Number: Home/Office: _____ Cell: _____

Signature: _____ Date: _____

If there is more than one Designated Trip Leader, each must complete and submit this page to the Appropriate University Official.

INTERNATIONAL TRAVEL REVIEW BY THE OFFICE FOR INTERNATIONAL & GLOBAL INITIATIVES

Telephone Number Office: _____

Travel Recommended: _____ Travel Not Recommended: _____

Signature: _____ Date: _____

APPROPRIATE UNIVERSITY OFFICIAL APPROVAL/NON-APPROVAL

Telephone Number Office: _____

Travel Approved: _____ *Travel Not Approved: _____

Reason for Non-approval: _____

Signature: _____ Date: _____

*Deficient and/or forms which are not approved will be returned to the Designated Trip Leader.

Custodian of Records for Approved STUDENT TRAVEL AUTHORIZATION FORM:

- For a course or faculty sponsored trip the Office of the Dean of the applicable College.
- For student organization travel the Office of the Associate Vice President of Student Experience.