



AUTHORIZATION FOR STUDENT INTERNATIONAL TRAVEL FORM

THE UNIVERSITY OF TEXAS RIO GRANDE VALLEY
 DEAN OF STUDENTS
 Brownsville Office: BCAVL 204 Phone: 956-882-5141
 Edinburg Office: UC 323 Phone: 956-665-2262
 Email: dos@utrgv.edu

Please fill out the Authorization form, Travel Roster, & agreement form, then return the forms to the Dean of Students office **10 business days** prior to the trip. **A Release and Indemnification Agreement Form must be attached for each student traveling. Incomplete travel packets will not be accepted.**

Requestor Name: _____ Date: _____
 Email: _____ Requestor Phone: _____
 Departmental/Organization: _____
 *Travel Coordinator Name: _____ UTRGV Position Title: _____
 *Travel Coordinator Phone: _____ *Email: _____

* A Travel Coordinator is a UTRGV full time Staff/ Faculty that will either be present or overseeing the trip in case of emergency. For student organizations, the Travel Coordinator is the group's advisor. During the duration of the trip, this individual is designated by UTRGV as a Campus Security Authority (CSA). CSAs have the responsibility for the timely reporting of any Clery reportable crime(s) that may occur during the trip to the UTRGV Police Department in accordance with the Jeanne Clery Act.

Purpose of Travel: _____ Date(s) of Travel: Start: _____ End: _____
 Location: _____
City, State or Province (Please Include Country if international trip)

*Attach separate document if there are multiple travel dates and/or destinations during the period of travel.

Place of Stay: _____
 Physical Address: _____
 Departing Campus: _____
 Total Number of Travelers: _____
 Undergraduate: _____ Graduate: _____
 Non-Student: _____ Minors: _____
 UTRGV Faculty/Staff: _____

Type of Transportation: Please select those which apply:
 Personal Vehicle University Vehicle Rental Public Transportation (Plane, Bus, etc.)
 Company: _____
(For Rental/ Public Transportation)

University expense: (if applicable)
 Acct Name: _____
 Acct No.: _____

Signatures of Approval: Applicants submitting for an International Trip are required to collect signatures from IOC & Global Affairs.

By signing below, the Travel Coordinator acknowledges understanding and agreement to comply with reporting obligations as a Campus Security Authority.

1. _____ UTRGV Travel Coordinator Name	_____	_____
2. _____ International Oversight Committee Name	_____	_____
3. _____ Global Affairs Name	_____	_____
4. _____ Dean of Students Designee Name	_____	_____
	UTRGV Travel Coordinator Signature	Date
	International Oversight Committee Signature	Date
	Global Affairs Signature	Date
	Dean of Students Designee Signature	Date

DOS OFFICE USE ONLY:
 Received: ____ / ____ / ____ Info Complete: ____ / ____ / ____ Logged: ____ Scanned: ____ / ____ / ____ Emailed: ____ / ____ / ____
Date Initial Date Initial Number Date Initial Date Initial
 DOS Approval Confirmation#: _____