



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.

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 & IPP.

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	_____ UTRGV Travel Coordinator Signature	_____ Date
2. _____ International Oversight Committee Name	_____ International Oversight Committee Signature	_____ Date
3. _____ International Programs & Partnerships Name	_____ International Programs & Partnership Signature	_____ Date
4. _____ Dean of Students Designee Name	_____ Dean of Students Designee Signature	_____ Date

DOS OFFICE USE ONLY:

Received: ____ / ____ / ____ Info Complete: ____ / ____ / ____
Date Initial Date Initial

Logged: ____ Scanned: ____ / ____ / ____ Emailed: ____ / ____ / ____
Number Date Initial Date Initial