



# AUTHORIZATION FOR STUDENT INTERNATIONAL TRAVEL FORM

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

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: \_\_\_\_\_

Total Number of Travelers: \_\_\_\_\_

Undergraduate: \_\_\_\_\_ Graduate: \_\_\_\_\_

Non-Student: \_\_\_\_\_ Minors: \_\_\_\_\_

Physical Address: \_\_\_\_\_

UTRGV Faculty/Staff: \_\_\_\_\_

Departing Campus: \_\_\_\_\_

Type of Transportation: Please select those which apply:

☐ Personal Vehicle ☐ University Vehicle ☐ Rental ☐ Public Transportation  
(Plane, Bus, etc.)

University expense: (if applicable)

Acct Name: \_\_\_\_\_

Acct No.: \_\_\_\_\_

Company: \_\_\_\_\_

(For Rental/ Public Transportation)

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

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 (IOC) Name	_____ International Oversight Committee (IOC) Signature	_____ Date
3. _____ International Study Programs (ISP) Name	_____ International Study Programs (ISP) Signature	_____ Date
4. _____ Dean of Students (DOS) Designee Name	_____ Dean of Students (DOS) Designee Signature	_____ Date

### DOS OFFICE USE ONLY:

Received: \_\_\_\_\_ / \_\_\_\_\_ Info Complete: \_\_\_\_\_ / \_\_\_\_\_  
Date Initial Date Initial

Logged: \_\_\_\_\_  
Number

Scanned: \_\_\_\_\_ / \_\_\_\_\_ Emailed: \_\_\_\_\_ / \_\_\_\_\_  
Date Initial Date Initial

DOS Approval Confirmation#: \_\_\_\_\_