

**UTHSCSA STUDENT TRAVEL AUTHORIZATION**

GROUP NAME \_\_\_\_\_

SPONSORING DEPARTMENT \_\_\_\_\_

APPROPRIATE INSTITUTIONAL OFFICER & PHONE/PAGER # IN ROUTE  
\_\_\_\_\_

DATES & TIMES OF TRAVEL \_\_\_\_\_

DESTINATION \_\_\_\_\_

PURPOSE OF TRAVEL \_\_\_\_\_

MODE OF TRANSPORTATION \_\_\_\_\_

DRIVERS \_\_\_\_\_

LODGING OR DESTINATION CONTACT'S NAME & PHONE NUMBER  
\_\_\_\_\_

GROUP LIST

| # | Name | Emergency Contact |
|---|------|-------------------|
|---|------|-------------------|

**Submitted by:** \_\_\_\_\_ **Date** \_\_\_\_\_  
Appropriate Institutional Officer for the Trip

**Approved by:** \_\_\_\_\_ **Date** \_\_\_\_\_  
Designated Administrator (Associate Dean of Student Affairs)

Copies:      Appropriate Institutional Officer      Associate Dean      Campus Police