

INTERNATIONAL TRAVEL REQUEST FORMDate Name Department International Location Dates of your Trip **FUNDING
SOURCE**Name of the Account FOAP Purpose of Travel
and
Value to the
Institution**Department Head Signature for Approval**

Signing below confirms that you have reviewed this request and acknowledge that the above information is accurate and justifiable. Typing your name below will serve as your official signature of acknowledgment.

Signature ☐ Approved☐ Not Approved

Reason for non-approval

President and Dean