**Student Travel Request Form**

Please be sure to complete all sections of this form. Submit this document and all supporting documents to the Office of Academic and Career Success at [nrsstudentorgbalt@umaryland.edu](mailto:nrsstudentorgbalt@umaryland.edu) **at least 3 weeks prior to travel**. Be sure to protect your information by typing [secure] anywhere in the subject line.

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Requested: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Contact Information**

|  |  |
| --- | --- |
| **Student Organization:** |  |
| **Your Name (as appears on Driver’s License or passport)** |  |
| **Student ID:** | @ |
| **Email:** |  |
| **Mailing Address:** |  |
| **Date of Birth:** |  |
| **Gender:** | M or F |
| **Phone Number:** |  |
| **Emergency Contact:**  **Name**  **Phone**  **Email** |  |

**Event Details**

|  |  |  |
| --- | --- | --- |
| **Event Name:** |  |  |
| **Date(s):** |  |  |
| **Location:** |  |  |
| **Registration Link:** |  | Do you want SON to pre-pay?  Y/ N |
| **Transportation:**  **Air/Train/Car/Other** |  | Do you want SON to pre-pay?  Y/ N |
| **Hotel/Lodging:** |  | Do you want SON to pre-pay?  Y/ N |
| **Other/Comments:** |  |  |

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Signature of Faculty Advisor (Required) Date Signature of OSAS Representative (Required) Date