HEIDELBERG UNIVERSITY STUDENT LEARNING TRIP AUTHORIZATION FORM

Today's date	Name	Dept	
Office phone		Email	
If you are planning travel	overnight or longer with students	, please complete this form and submit a hardcopy	
with signatures to the Pro	ovost's office for approval.		
A	ll information must be comple	ted before form is turned in	
Course number, if appr	opriate:		
Approximate no. of stu	dents traveling:		
Description of destinat	ion(s), activity, purpose:		
Is travel required for su	accessful completion of the cours	(A)	
is traver required for se	recessful completion of the cours	ic:	
What option is there for students who cannot travel due to lack of funding, illness, or other emergency?			
TC .: :			
If no option is appropri	ate, please explain.		
Must students be enrol	led in the course to travel?		
	terested faculty, staff, or community	nity friands?	
Learning objectives of	•	mty menus:	
Learning objectives of	uip.		
How will these be asse	ssed?		
Proposed dates of activ	rity:		
Are these dates at all fl		n.)	
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Other Heidelberg facul	ty or staff who may be assisting/	chaperoning:	
Other travelers:			
Do you plan to use the	services of a professional travel	agency?	
If so, please provide company name and contact information:			
Estimated and of trave	1 non noncon.		

Funding Options:			
O Student funded			
O Department funded			
O Fundraising (if you plan to fundraise, follow this link: https://inside.heidelberg.edu/offices/alumni/fundraising-policy)			
O Other			
O Explanation of funding needed for all travelers, including chaperones:			
Will you be using a university-issued credit card?			
If not, how are you paying for expenses?			
Signed	Data		
(Department Chair)	Date		
Signed	Date:		
(Associate Dean or Dean)			
Signed	Date:		
(Provost)			
Office use:			
account number	PO#		
account number	1011		

Last updated 10/19/16 by M. Verhoff