



Student Travel Form

To:	Dr. Minita Ramírez, President
Thru:	
From:	
Date:	

Description of Travel and Benefits to the College

Signatures

Reviewed and Approved By:

TITLE	SIGNATURE	Printed Name	Date
<i>Dean/Associate Vice President</i>			
<i>Associate Vice President of Student Life and Engagement</i>			
<i>Vice President</i>			
<i>Safety and Risk Manager</i>			
<i>Student Discipline and Title IX</i>			
<i>College President (For Out of State Travel)</i>			

Travel Information

Sponsor/Faculty Name

Sponsor/Faculty Email Address

Sponsor/Faculty Cell Phone Number

Class/Student Organization:

Destination:

Purpose of Trip:

Departure Date and Time from Laredo College

Arrival Date and Time to Destination

Departure Date and Time from Destination

Arrival Date and Time to Laredo College

Mode of Travel (Include flight numbers when traveling by airplane)

Hotel Name

Hotel Address

Hotel Phone Number

Travel Leaders

Name	Phone Number	Address	Emergency Contact Name	Emergency Contact Phone Number
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
10)				

Student Travelers

Name	Phone Number	Address	Emergency Contact Name	Emergency Contact Phone Number
1)				
2)				
3)				
4)				
5)				
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