



**STUDENT AFFAIRS
TRAVEL FORM**

All Student Affairs employees must file this form with **Marcia Davies, 208 Administration Building** and receive written authorization prior to any UM business travel. Your submission will be judged based on the following criteria:

- Presenters at conferences will be given special consideration
- Applicants who have not attended any conferences in the last three years will be given special consideration
- Availability of existing budget funds
- Professional obligations/duties to organizing committee and/or professional organization
- Relevance to job/work and contribution towards career development

SECTION 1: Applicant Information

Date: _____

Position Title: _____

Name: _____

Phone: _____

Email: _____

Unit: _____

Department: _____

SECTION 2: Event Information

Participant Presenter Volunteer Other: _____

Title: _____

Location: _____

Dates: _____

Event Agenda (if available) or Brochure Attached

SECTION 3: Budget Estimate and Funding

Registration: \$ _____ Airfare: \$ _____ Taxi: \$ _____

Hotel (per night): \$ _____ X _____ # of Nights Hotel Taxes: \$ _____ Hotel Total: \$ _____

Meals: \$ _____ **NOTE: Do not include meals provided with the conference registration.**

Misc. (please explain): \$ _____

Estimated Total Cost of Attending: \$ _____

Additional Funds Available: \$ _____

Source: _____

AMOUNT REQUESTED (if any): \$ _____



SECTION 4: Benefits and Previous Professional Development

Describe the benefits of this PD opportunity to your personal/professional development:

Describe the benefits of this PD opportunity to your unit and Student Affairs more broadly:

List last three conferences and dates attended:

First: _____ Dates: _____

Second: _____ Dates: _____

Third: _____ Dates: _____

Signature of Applicant: _____

SECTION 5: Supervisor Comments

Outline the benefits of this PD opportunity for this individual and the unit. Indicate any adjustments/challenges in work schedules needed to accommodate the activity.



SECTION 6: Signatures

Supervisor: _____

Signature: _____ Date: _____

Comments: _____

Approved Not approved at this time

Director/Executive Director/Registrar: _____

Signature: _____ Date: _____

Comments: _____

Approved Not approved at this time

Vice-Provost (Students)

Vice-Provost (Students) Signature: _____ Date: _____

Comments: _____

Approved Not approved at this time