



College | Social Sciences
**César E. Chávez Department of Chicana/o
 and Central American Studies**

Student Travel Petition Form

*Form must be completed **before** traveling and submitted to the main office.*

Student Name: _____ **Today's Date:** _____

Email Address: _____ **UID #:** _____

Purpose for travel (WHAT, WHERE, AND WHY):

Request: _____ **Travel Dates:** _____

Expense	Cost

Total amount: _____

Student Signature: _____ **Date:** _____

Faculty Advisor Signature: _____ **Date:** _____

Director of Grad Studies: _____ **Date:** _____

FOR OFFICE USE ONLY	
Date received: _____	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED
Departmental Authorized Signature: _____	Date: _____
Approved Amount: _____	FAU _____