



Graduate Student Travel Request Form

- 1) Complete Sections 1-6 and click "Submit". 2) After you have electronically submitted this form, print a copy and obtain all required signatures.
- 3) Turn in a hard copy of this form with all required signatures, a copy of your abstract, and [Release & Indemnification Agreement Form](#), to Room A202.

SECTION 1: Student Information

Name:	Sam ID:	Program:
Cell Phone:	SHSU E-mail:	
Mailing Address:	Physical Street Address:	
City State Zip:	City State Zip:	

SECTION 2: Event Details

Event Name:	Event Location:
Event Begin Date:	Event End Date:
Brief Description/Reason for Travel:	
Benefit to SHSU:	

SECTION 3: Travel Details

***** If travel dates change please inform Department PRIOR to your departure. *****

Travel Begin Date:	Travel End Date:	Date Returning to SHSU:
Mode of Transportation: <input type="checkbox"/> Flying <input type="checkbox"/> Driving in Personal Vehicle <input type="checkbox"/> Carpooling in University Vehicle		

If travel dates are outside of event dates, please explain: [Cost Comparison is required.](#)

SECTION 4: Proposed Travel Budget

I DO / I DO NOT request the University to reimburse my travel expenses. (Please check one).

Travel Estimate: This includes early registration fee, mileage, toll fees, parking at airport, ground transportation, airfare, baggage (1 each way), 50% lodging/shared room expense, meals, etc. **Total Estimated Travel Expense: \$ _____**

SECTION 5: Teaching Arrangements

If you are scheduled to teach during the time you will be away on travel, you are required to have arrangements made for your class. Class cannot be cancelled. Please provide arrangements you will make for each of your classes:

CRIJ_Section	Class Day/Time:	Arrangements to be made:

SECTION 6: Presentation Details

I am Presenting Research (Paper) I am Presenting Research (Poster) I am NOT Presenting Research

Title of Project: _____

Faculty Sponsor(s): _____

SECTION 7: Faculty Sponsor Agreement

Faculty Sponsor Agreement: The above research has been conducted under my/our direction and supervision. The appropriate procedure for presentation format has been discussed with this graduate student, including: Introduction, limitations of previous research, research questions, methods, data analysis, findings, limitations, implications, and future research. I support the student's proposal and/or travel for the presentation of this research and I agree to attend his/her practice presentation.

The above research has been approved by SHSU Committee for the Protection of Human Subjects: Approved Not Applicable

Faculty Sponsor(s) Signature (agreeing to the above statements):

X _____ X _____
Signature Date Signature Date

SECTION 8: Student Agreement

I, _____ (name), have read and understand the [Travel Reimbursement Guidelines](#). I also understand that if I have any questions or I am unclear on the University Travel Policy, I should ask BEFORE incurring expenses. All of the information I have provided on this form is correct to my knowledge and I will inform the Department of Criminal Justice & Criminology of any changes PRIOR to my departure.

X _____
Signature Date

***** ADMINISTRATIVE OFFICE USE *****

DIRECTOR OF CJC GRADUATE PROGRAMS SIGNATURE	DATE	Maximum Reimbursement: \$ _____
DEPARTMENT CHAIR SIGNATURE	DATE	Fund: _____ Org: _____
		Program: _____ Activity Code: _____
		Travel Requisition #: _____ Completed by: _____