

**THE UNIVERSITY OF ALABAMA
SCHOOL OF SOCIAL WORK**

STUDENT TRAVEL AUTHORIZATION FORM

Please complete and submit this form to the appropriate program administrator (BSW, MSW, Ph.D. program directors or the coordinator of international programs). The administrator will depend on the program in which you are enrolled or funding requested. The administrator will submit the form to the Dean's Office.

Name: _____ Date: _____

Reason for trip: _____

Location: _____

Dates away from campus: _____

Classes to be missed (if you are teaching): _____ Coverage: _____

Initials of BSW Program Chair for classes that will be missed (if you are teaching): _____ BSW Chair

Sources of other travel funds: Graduate School _____ Other (specify source and amount) _____

Amount requested from the School of Social Work _____

Authorization: _____
Program Administrator Date

Authorization: _____
Vikki Vandiver, Dean Date