

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

**STUDENT TRAVEL AUTHORIZATION FORM**

Please complete and submit this form to the appropriate administrator (BSW, MSW, or Ph.D. Program Director, Coordinator of International Programs), etc., depending on in which program you are enrolled or funding requested). The administrator will submit the form to the Dean's Office.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

CWID: \_\_\_\_\_ Email: \_\_\_\_\_

Reason for trip: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Location: \_\_\_\_\_

Dates away from campus: \_\_\_\_\_

Classes to be missed (if you are teaching):

Coverage:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Initials of Program Chair for classes that will be missed (if you are teaching): \_\_\_ Program Director

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

Amount requested from the School of Social Work \_\_\_\_\_

Authorization: \_\_\_\_\_  
Program Director

\_\_\_\_\_  
Date

Authorization: \_\_\_\_\_  
Dean

\_\_\_\_\_  
Date

Authorization: \_\_\_\_\_  
Fiscal Manager

\_\_\_\_\_  
Date