

Student International Travel Request

** For AP use Only **

Encumbrance No.
E

Section 1 - Purpose
 Students authorized to travel internationally on official Rowan University business.

Section 2 - Traveler's Information

Date: _____	Title: _____	Banner ID #: _____
Traveler's Name: _____	Email: _____	Phone #: _____
Mailing Address: _____	City: _____	State: _____ Zip Code: _____
Admin. Asst.: _____	Admin. Asst. Banner ID #: _____	Admin. Asst. Phone: _____
Admin. Asst. Email: _____	Dept. Name: _____	Dept. Building: _____

Section 3 - Destination, Purpose & Requirements

Destination City & Country: _____ Department of State Travel Advisory RISK LEVEL: _____

Conference/Activity Name: _____ Conference/Activity Dates: _____

Reason for Travel: _____ [Export Control CITI Training](#) and [International Travel Checklist](#) must be completed.
 (Attach CITI Certificate and Checklist with Travel Request Form).

If Reason for Travel is "Other", contact eccontrols@rowan.edu to determine if Export Control requirements will be exempt. If exempt, faculty/staff supervising the student(s) will complete the checklist and training.

I acknowledge that I have read and agree to the policies and procedures of the [International Travel Policy and Guidelines](#).

Federally funded International Travel: please review [OSP Fly America Act Procedures](#)

Section 4 - Estimated Travel Expenses **(For more information please visit: [Travel Policy](#)) Leave section 4 blank!**

Date		Items	Description of Estimated Travel (In Detail) <small>(Examples: Airline Name, Hotel name, Conference, Registration, Per Diem)</small>	Estimated Cost
From	To			
		Mileage	Miles @	
Please note: Meals included as a part of the registration fee will be deducted from the per diem payment. Foreign Per Diem Rates: Foreign per diem Rates IRS: Standard Mileage Rates				Estimated Travel Expenses

Section 5 - Traveler Consent (Print and Sign) **Travel Requests must be approved 2 weeks prior to departure.**

I hereby certify that:
 This travel request is an estimate of expenses that will be incurred while travelling on official Rowan University Business. I understand the Department of State Travel Advisory risk level. I acknowledge that I have read and agree to the policies and procedures of the International Travel Policy and Guidelines. I have reviewed the OSP Fly America Act procedures. I have completed the Export Control Programs.

Traveler Signature: Joe Jones Date: 3/11/26 Amount Requested: _____

Please list total amount of funding from SGA and clubs.

Section 6 - Accounting Information **Leave Section 6 Blank!**

Index #	Fund #	Organization #	Account #	Program #	Amount

Account # 7215 is used for mileage expense.
 Account # 7216 is used for employee travel and all other travel expenses (example: tolls, parking, registration, hotel and airfare).
 Account # 7217 is used for student travel.

Approved Amount to be Encumbered: \$ _____

Section 7 - Appropriate Approvals (Print and Sign) **Leave section 7 blank!**

Department Head: _____ Date: _____ Amount Approved: _____

Division: _____ Date: _____ Amount Approved: _____

Study Abroad Office (Approval is required for students): _____ Date: _____

Export Control: _____ Date: _____

Grants: _____ Date: _____

Accounts Payable: _____ Date: _____