REQUEST FOR STUDENT TRAVEL AND TRIP INSURANCE APPLICATION

TO BE COMPLETED ONE WEEK IN ADVANCE OF TRIP

☐ Field Trips: For all class-related student travel, please complete this form and route to appropriate department chair and dean, obtain the Controller’s Office signature*, and then route to the Student Life Office.

☐ Travel with Student Organizations: For all travel sponsored by a chartered student organization, please complete this form and route to the organization representative, the faculty/staff sponsor, the Controller’s Office or the Fee Collection Window*, and then to the Student Life Office.

*If you are paying by cash, pay at the Fee Collection Window. If a university account is paying for the trip insurance, please indicate account number below. The Controller’s Office signature or receipt should accompany this form.

Sponsoring Class/Organization ________________________________

Faculty/Staff Sponsor ____________________________

Contact Number ________________________________ Email __________________________

Dates of Travel Departure __________________________ Return to NSU ________________

Destination __________________________ Purpose of Travel __________________________

Overnight Stay: ___N ___Y Number Participating ______ Cost of Insurance ____________

Daily Trip Rates: .19 per person (1 day-.19; 2 days-.38; 3 days-.57; 4 days-.76, etc.)

Overnight Trip Rates: .38 per person per day (2days-.76, 3 days-1.14, 4 days 1.52, etc.)

State Vehicle ______ Personal Vehicle ______

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Department Sponsored Field Trip/Travel with Student Organization

Department Chairperson/Organization Representative ____________________________

Dean/Sponsor ____________________________

Controller’s Office for Payment/Account Approval ____________________________

Receipt # (If Paying Cash) ____________________________

-733285-

Received: Student Life Office ____________________________

FOAPAL# (If Paid by Univ. Dept. or Acct) ____________________________

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List of Participants

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Revised 6/12