

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 Nicholls _____

Destination _____ Purpose of Travel _____

Overnight Stay: ___N ___Y Number Participating _____ Cost of Insurance _____

Daily Trip Rates: \$0.14 per person (2 days-\$0.28; 3 days-\$0.42; 4 days- \$0.56, etc.)

Overnight Trip Rates: \$0.35 per person per day (2 days- \$0.70, 3 days-\$1.05, 4 days \$1.40, etc.)

State Vehicle _____ Personal Vehicle _____

Department Sponsored Field Trip/Travel with Student Organization

Department Chairperson/Organization Representative

Dean/Sponsor

Controller's Office for Payment/Account Approval

Received: Student Life Office

Receipt #
(If Paying Cash)
- **-733285-**

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

List of Participants

