**Please submit this form as soon as your schedule is known and at least two weeks before travel time**

**Name: Date of Form Completion:**

**Departure Date: Return Date:**

**Offshore Course Start Date:**

**Offshore Course End Date:**

**Offshore Course Location:**

**Specific Plans for on-campus course coverage during absence (Please Attach SEMESTER SYLLABUS).**

Course Days and Time Coverage Detail

 Course Days and Time Coverage Detail

 Course Days and Time Coverage Detail

 Course Days and Time Coverage Detail

**Specific Plans for Advising Coverage (during advising periods):**

**Specific Plans for Any Alternate Assignment Coverage:**

**How to Reach You during Travel (contact details) and Emergency Contact Person and Phone #:**

**Faculty Signature: Date:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Chairperson Signature: Date:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please Deliver to Ms. Karyl Miller, Room 313 Eberly along with all other international travel forms in one package.**

**Assistant Dean’s Signature: Date:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Revised 9/22/21**