



CENTRAL PIEDMONT COMMUNITY COLLEGE

REQUEST FOR INTERNATIONAL TRAVEL WITH STUDENTS
(Submit with Request for Authorization to Travel at least three months prior to international travel)

Date of Request: _____

Begin Date of Trip: _____ End Date of Trip: _____

Course Title: _____

Course Number: _____

Section # _____

Instructor: _____ ID# _____

Anticipated number of students/participants _____

Destination: _____

Purpose: _____

Mode of Travel (Indicate all that apply):

Estimated Cost: \$ _____ Paid by: _____

CPCC GL Account #: _____
(Required if revenues/expenses involved)

APPROVALS:

_____ initials/Global Learning Office

Division Director/Immediate Supervisor Date

Dean Date

Vice President for Learning Date

(Vice President's signature required for out-of-country travel)

President Date

(President's signature required for out-of-country travel)

Copy to: Division Director/Immediate Supervisor
Director of Global Learning; Overcash 303: Nadine Russell Ext. 6167
Risk Management/Risk Analyst

Note: Three business weeks prior to departure, resubmit copy of this approved request along with itinerary and the student roster form. It is required that participants purchase the approved International Travel Insurance.