



Higher Education Program Travel Request Form

Cover Page

Student: _____ Date: _____

Student Check Below

- Student has communicated with Higher Education Program Academic & Career Advisor about this Travel Request.
- Student has NOT communicated with Higher Education Program Academic & Career Advisor about this Travel Request.

(Office Use ONLY)

Necessary Signatures

Higher Education Academic & Career Advisor: _____ Date: _____

Higher Education Program Manager: _____ Date: _____

(If student is not in Good Standing)



**Seminole Tribe of Florida
Center for Student Success and Services**

**Higher Education Program
Travel Request Form**

(Complete and submit to CSSS Academic & Career Advisor)

*This form is for Higher Education Program travel only; start & end of term.

**Limited to Higher Education Program students only; (High School students need to fill out the College Visitation form).

STUDENT INFORMATION

First Name: _____ Last Name: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____

Date of Birth: _____ Member #: _____

Reservation: **BC BR FP HW IM NA TP TR NR**

If NR, What is your original Reservation? _____

STUDENT EDUCATIONAL INFORMATION

Name of Current School: _____

Current Grade Level: _____ Current Cumulative GPA: _____

Term & year of travel request: _____

Check One: **Start of Term Travel** **End of Term Travel**

TRAVELING INFORMATION

Airline

Date of Travel: _____

Airport Flight: From: _____ To: _____

*Preferred Airline: _____

*Preferred Time to Depart: _____