



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

**Higher Education Program
Travel Request Form: START & END OF TERM**
(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: _____