

TO:	Provost's Office WA 112 or provost@cmich.edu	
FROM:		
DATE:		
SUBJECT:	Request for Approval of International Travel	
Name of Traveler(s):		
Destination(s):		
Travel Dates / Duration:		
Date(s) of Event:		
Purpose of Travel:		
Source(s) of Funding:		
Recurring Trip: No Yes		
If recurring trip, please describe frequency and purpose(s) of trip(s):		
Approvals:		
Departmen	t Chair:	Date:
College De	an:	Date:
Provost's C	Office:	Date: