

NEW BRUNSWICK
COLLEGE OF
CRAFT & DESIGN

STUDENT TRAVEL REQUEST FORM

Program:	Faculty Leader (s)
Course:	
No. of Students Participating:	Travel Date(s) & Times: Departure Date: _____ Time: _____ Return Date: _____ Time: _____
Destination:	Purpose: Course Objectives:
Means of Transportation & Vehicle Information:*	Additional Info/Comments:

*NOTE: Students using their own vehicle or travelling in another student's vehicle should complete the appropriate [forms](#).

**TRAVEL ITINERARY FOR MULTI-DAY TRIPS
(ADD OR DELETE DAYS AS REQUIRED)**

DAY	DATE	DEPARTURE TIME	ARRIVAL TIME	DESTINATION/ACTIVITY
1				
2				
3				
4				
5				

PARTICIPATING INFORMATION

Prior to departure, please email a list of participants to the Dean.