

STUDENT REQUEST FOR PROFESSIONAL TRAVEL - Appendix B

This form must be submitted by the *faculty advisor*, to the dean's office at least 14 days prior to travel.

Student Name: _____

Class Year: _____ Email: _____

Name of Meeting: _____

Dates of attendance: _____

Days of absence from classes (if applicable) _____

I will be staying at (hotel name or address) _____

Lodging telephone number _____

Emergency contact info: Name _____ Phone Number _____

It is understood that this request is in accordance with the policies and regulations of the UAMS College of Pharmacy as outlined below:

Attendance is at a recognized meeting with prior approval. Only one meeting is permitted a semester without special permission.

- The student is responsible for making satisfactory arrangements with their professors regarding all missed class work.
- The student acknowledges that they are not an "official university representative". The student acknowledges that they are attending the extra-curricular function on their own accord, and therefore, assumes all liability and responsibility.
- The student certifies that if driving a personal or rented vehicle to the meeting, it is covered by liability insurance.

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____