

101 Vera King Farris Drive | Galloway NJ 08205-9441 stockton.edu

TRAVEL JUSTIFICATION FORM FOR STUDENT TO A COUNTRY THAT HAS A DEPARTMENT OF STATE WARNING OR ALERT ADVISORY

Name of Student:	
Z Number:	
Academic School of Study:	

Destination City and Country:_____

Anticipated Trip Date:

Specific Purpose:_____

Describe the essential nature of the travel request and how this trip will provide educational, humanitarian or business benefits to the destination country or the University. State the specific reason(s) why these benefits cannot be achieved or accomplished in or at a location not subject to a travel warning or alert.

Student's Signature:	Date:
Parent's Signature:(if Student is under 18 years old)	Date:
Sponsoring Dean/Director/Faculty's Signature:	Date:
Forward completed form to the Director of Global Engag	gement, India.Karavackas@stockton.edu