

## UNIVERSITY OF CAPE COAST



## AFRICA CENTRE OF EXCELLENCE IN COASTAL RESILIENCE

## (ACECoR)

## STUDENT TRAVEL REQUEST FORM

The Student Travel Request Form is to be completed by all ACECoR students at **least five** (5) **business days** before an anticipated trip outside the University of Cape Coast. Any student wanting to visit another city or country for at **least one** (1) **night** must complete the Student Travel Request Form. Last minute requests, less than five (5) days in advance, may not be approved, and students should not depart campus without approval of their permission to travel. Students travelling as part of any trip sanctioned by ACECoR or University of Cape Coast in general (e.g. sports team, field trip) are not required to complete a Student Travel Request Form. The Centre will request a signed permission form from coordinator for such trip school-sanctioned trips. Students who travel without permission (approval) shall be queried and possibly face disciplinary actions.

	Date of Request:/
STUDE	NT INFORMATION
First Nar	ne: Last Name
Email:	
Student 1	Registration number:Signature:
TRAVE	L INFORMATION
Destinati	on:
C	Organisation (if applicable)
C	Sity:
C	Country:
Departur	e Date (dd/mm/yyyy):/ Return Date: (dd/mm/yyyy)/
_	tails (Describe the complete trip plan. Attach your flight itinerary, bus tickets, ferry tc. below if applicable)
•••••	

Purpose of Trip		
		••••••
•••••		
CONTACT INFO	RMATION	
Provide the required	l information of the adult (25 years of	or older) with whom you will be staying
during your trip.		
First Name:	Last 1	Name:
Email:	Phone Num	ber:
Age:	Ger	nder:
Relationship to stud	ent:	
Address (Provide th	e full address of the house, condo, a	partment or hotel where you will be
staying.)		
TRAVEL AUTHO	RIZATION	
	Academic Advisor/Supervisor	Authorization Officer
Name		
Signature		
Trip Approved or		
Not Approved?		
Date		
		•
Additional commen	ts by authorization officer:	