



### Travel Authorization To Distance Sites

Site of Origin: \_\_\_\_\_ Destination Site: \_\_\_\_\_

Name: \_\_\_\_\_

Purpose of Travel:       Teaching       Other (specify): \_\_\_\_\_

Name of course: \_\_\_\_\_

Visit indicated in syllabus:              Yes              No

Substitute facilitator at faculty's home site: \_\_\_\_\_

Program:       Entry-level       Post Baccalaureate              Other (specify): \_\_\_\_\_

Date of arrival: \_\_\_\_\_

Date of departure: \_\_\_\_\_

\*Transportation:  Rental Car  Airport Pickup\*\*      \*(PR travel: \*\*Only transportation available at Ponce Airport M-F from 9:00 am - 4:30 pm

Room accommodations (if applicable):

Individual Meeting              Group Meeting / Recitation              Office Hours \_\_\_\_\_

\*If any portion of this trip is personal, please indicate:

\_\_\_\_\_

Signature of Person Traveling: \_\_\_\_\_

Approval of Dept. Chair: \_\_\_\_\_

Approval of Program Director: \_\_\_\_\_