ADA COLLEGE OF EDUCATION
PERMISSION TO TRAVEL FORM

A. DETAILS OF APPLICANT

i. Name: .....

ii. Department/Unit: .....

iii. Status/Rank: .....

iv. Period of Absence (Date): .....

v. Number of Days: .....

vi. Destination: .....

vii. Purpose(s) for Trip: .....

.....

.....

viii. Official [ ] Unofficial Duties [ ] Tick appropriately

ix. Applicant(s) Signature: ..... Date: .....

B. IMMEDIATE HOD/HOU/SUPERVISOR'S REMARKS

.....

.....

.....

Name: ..... Signature..... Date: .....

APPROVAL

C. i. PERMISSION GRANTED [ ]

ii. NOT GRANTED [ ]

Reason(s): .....

.....

D. PRINCIPAL/ VICE PRINCIPAL/ REGISTRAR

Name: ..... Signature: ..... Date: .....