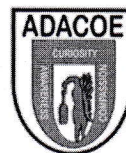




ADA COLLEGE OF EDUCATION **PERMISSION TO TRAVEL FORM**



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: