

**NYIT COLLEGE OF OSTEOPATHIC MEDICINE**

**STUDENT TRAVEL REQUEST FORM**

Please complete the top section, obtain the signature from Academic Affairs and return to Dr. Kurt Amsler ([kamsler@nyit.edu](mailto:kamsler@nyit.edu))

Name \_\_\_\_\_ Class \_\_\_\_\_

Conference/Meeting \_\_\_\_\_

Location \_\_\_\_\_

Dates \_\_\_\_\_

Reason for attending (documentation required)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

**DO NOT WRITE BELOW LINE**

\_\_\_\_\_

**Approval for Excused Absence**

\_\_\_\_\_  
*Signature – Academic Affairs Dean*

\_\_\_\_\_  
*Date*

**Approval for Financial Support**

\_\_\_\_\_  
*Signature- Research Dean*

\_\_\_\_\_  
*Date*

**Approval for Reimbursement with Receipts**

\_\_\_\_\_  
*Signature- Research Dean*

\_\_\_\_\_  
*Date*