DEPARTMENT OF CRIMINAL JUSTICE & CRIMINOLOGY AT SAM HOUSTON STATE UNIVERSITY

Faculty Travel Request Form

1) Complete Sections 1-6 and FOLFN 3 6 X E P L W $^\prime$

SECTION 1: Faculty Infor	mation				
Name:				Sam ID:	
Cell Phone:			SHSU E-mail:		
Mailing Address:			Physical Street Ad	ddress:	
City	State	Zip:	City	State	Zip:
SECTION 2: Event Details	;				
Event Name:			Event Location:		
Event Begin Date:			Event End Date:		
Brief Description/Reason for	Travel:				
Benefit to SHSU:					

	If you are scheduled to teach during the time you will be away on travel, please provide the arrangements you will make for each of your classes:					
l	CRIJ_Section	Class Day/Time:	Arrangements to be made:			
l						
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