



GLENVILLE
STATE UNIVERSITY

Travel Request

Name: _____ Phone Number: _____

Email: _____ Residence Hall/Room #: _____

Destination and Reason for Travel:

Departure Information

Date: _____ Airline: _____

Flight No.: _____ Time: _____

Return Information

Airport/Pickup Location: _____

Date: _____ Airline: _____

Flight No.: _____

Return Departure Time: _____ Return Arrival Time: _____

Return this form to Casey Smola either in person or by email (casey.smola@glenville.edu) no later than 2 weeks before your departure/arrival date. You will be contacted with pick-up information.

If you have any questions, please call 304-462-6240