

Advisor Approval for Graduate Student International Travel

STUDENT NAME: _____

ADVISOR NAME: _____

I am aware that my advisee is requesting University-affiliated international travel, and I affirm the veracity of all of the following statements:

- The proposed travel is critical to the student's academic progress.
- The proposed travel will advance the research mission of the University.
- The student is aware of travel risks and has planned to mitigate those risks effectively.

ADVISOR SIGNATURE: _____

DATE: _____