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**TRAVEL JUSTIFICATION FORM FOR NON-STOCKTON PARTICIPANT
TO A COUNTRY THAT HAS A DEPARTMENT OF STATE
WARNING OR ALERT ADVISORY**

Name: (First, Last) _____

Name of the Program: _____

Department of the Organizer: _____

Anticipated Trip Date: _____

Destination City and Country: _____

Specific Purpose: _____

Describe the essential nature of the travel request and how this trip will provide educational, humanitarian or business benefits to the destination country or the University. State the specific reason(s) why these benefits cannot be achieved or accomplished in or at a location not subject to a travel warning or alert.

Participant's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

(if participant is under 18 years old)

Program Organizer's Signature: _____ Date: _____

Forward completed form to the Director of Global Engagement, India.Karavackas@stockton.edu