Visiting International Professional Program
MICHIGAN STATE UNIVERSITY

Travel Application During Academic Term

Applicant & Travel Information	
First Name	_____
Last Name	_____
Departure Date	_____
Return Date	_____
Destination City and Country	_____
Additional Destinations (if applicable)	_____
Reason for Travel	_____
Applicant Signature	_____ Date _____

By submitting this form, I hereby declare that the information provided above is true and accurate to the best of my knowledge. I acknowledge that it is my responsibility to notify my instructors of my absence due to this travel, and arrange to make up any missed work.

VIPP Review of Travel Application	
VIPP Program Coordinator Name	_____
Decision by VIPP Program Coordinator	Yes ☐ No ☐
VIPP Program Coordinator Signature	_____ Date _____
Decision by VIPP Assistant Director for J1 Program	Yes ☐ No ☐
VIPP Assistant Director for J1 Program Signature	_____ Date _____