



PROGRAM-RELATED TRAVEL WORKSHEET

This form is used to calculate mileage for student teaching assignments, field placements, clinical placements, field rotations, and other program-related travel. Complete and submit this form no later than the beginning of the semester in which you are doing your placement.

Please accurately and completely answer the following questions about your program-related travel.

CONTACT INFORMATION

Student's name: Last _____ First _____ M.I. _____ U-M ID number (eight digits) _____

PLACEMENT INFORMATION

Academic Term: Fall Winter Spring Summer Spring/Summer Academic Year: _____

Local (current) address: _____

1. What is the name and full address, including city, of your placement? _____
2. How many **days per week** will you drive to your placement? _____
3. How many **weeks** will you drive to your placement? _____

Student signature (typed signatures are acceptable)

Date

Department representative or program chair signature (typed signatures are acceptable)

Date

Note: Department signature is required before submitting form.

OFFICE USE ONLY

Calculated mileage and
budget adjustment:

\$ _____