



Shasta College

CCCI Out of Region Travel Request Form*

**for trips requiring an overnight stay.*

Name: _____

Cell number _____

and email address _____

Date of Departure: _____

Date of Return: _____

Destination: _____

- **International Travel:** Travel to countries outside of the United States, other than Egypt will be considered only under extreme circumstances.
- **Travel to Egypt** will be permitted as long as the travel does not interfere with full participation in the academic and ACDC program activities. Approval does not guarantee re-entry back to the United States.*

Purpose of Trip: _____

Address, if known, where staying _____

Emergency Contact Name and Phone Number:

Cost of Trip:* _____

**note: trips will be funded exclusively by the student*

Possible Assistance Required: _____