

Student Travel Evaluation
(Should be typed or printed very legibly)

THE STUDENT TRAVELER MUST COMPLETE THIS FORM FOR ALL STUDENT ORGANIZATION TRIPS APPROVED THROUGH STUDENT ACTIVITY FEES. IT MUST BE SUBMITTED TO THE STUDENT GOVERNMENT OFFICE WITHIN TWO WEEKS OF THE SCHEDULED RETURN OF THE TRAVELER. **FAILURE TO DO SO WILL RESULT IN DENIAL OF TRAVEL FUNDING FOR ONE FISCAL YEAR.**

Organization: _____
(Name of organization under whom traveler received funding)

Name of Student Traveler: _____

Conference Name: _____

Date(s) of conference: From: _____ To: _____

Primary reason for attending: _____

Summary of information gained: _____

Circle the appropriate answer about the conference/convention:

Very worthwhile Somewhat worthwhile A little worthwhile Not worthwhile

Specify any problems or suggestions with the funding process, travel arrangements, or any other relevant information:

Evaluation completed by: _____
(Student completing this evaluation)

Signature: _____ Date: _____

SIUE Student Government Finance Board