COLLEGE OF BUSINESS ADMINISTRATION

STUDENT ORGANIZATION TRAVEL FUND

SUMMARY REPORT (*AFTER TRAVEL*)

Date of Return:

Organization Name and Name of event/competition:

Primary Contact Person Name and Email:

Faculty Sponsor

Amount of Funds Received by COBA:

Destination of Travel/Location:

1. Please describe how attending this program positively influenced the students who attended. In your response, please discuss any specific aspects of engagement with business professionals or the community, impact on your future career, or new information that you gained.
2. Please discuss how the information that you gained will be distributed or communicated amongst other members in your student organization.

3. As an outcome of this program, did any student in your organization win an award, gain recognition, place in a competition, or secure a job offer or interview?

*Please submit Travel Summary within* ***14 days*** *of return date (by email, mail, or delivery) to:*

College of Business Administration

Smith-Hutson Building Suite 100

Dr. Shani Robinson, Associate Dean

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