

Request for Dependent Student Travel

References: AR 55-46 & JTR 050816

STUDENTS INFORMATION

Name:

DOB:

Name of College or University:

City, State & Zip Code:

Unaccompanied Baggage Shipment: Yes No If yes, provide pick-up address

Storage: Yes No If yes, provide pick-up address

Pick-Up Address:

Student Phone Number (for UB or Storage pick-up):

Trip Type: Round Trip One Way

TRAVEL DATES: Depart:

Return:

SPONSOR'S INFORMATION

Rank and Name:

Phone DSN:

Unit Address:

Physical Address:

Do you have a Government Travel Charge Card: Yes No

Has the above dependent used SFT during this tour? Yes No

Date of last Student Travel:

Location of last Student Travel:

The following documents are provided to verify my dependents eligible for SFT

PCS order to Korea w/dependent name(s) listed.

CSP orders with any amendments and transfer memo, if applicable.

Current course scheduled, showing current enrolled as full-time student (12 semester hours).

Letter of acceptance (for student who will be attending school, they must be within 90 days of their school start).

I certify that the above named dependent is a legal dependent of mine, is a full time college student in a four year degree college program, and is under 23 years of age.

Soldier's signature:

S1 Representative's signature:

Submit this form to:

Area II: usarmy.yongsan.id-pacific.mbx.mpd-s1@army.mil

Area III: usarmy.humphreys.id-pacific.mbx.mpd-s1@army.mil

Area IV: usarmy.walker.id-pacific.mbx.mpd-s1@army.mil