

SPONSOR'S STATEMENT

1. I (Name)[Last, First, MI] _____, RANK: _____, SSN: _____
have read and understand all eligibility, entitlements, restrictions, and enrollment verification listed below
for the Dependent Student Travel of (1) [See Notes Below] _____.

a. Eligibility: I am permanently stationed outside CONUS serving a "With Dependents" tour. My student family dependent is under the age of 23, unmarried, and is attending or will attend school as a full time undergraduate student in CONUS.

b. Travel Entitlements: I must procure commercial transportation through Carlson Wagonlit or another commercial travel office under contract to the U.S. Government. Finance will not reimburse travel through an unauthorized travel agency. The commercial travel office, under contract to the U.S. government, is the sole source for all official travel performed on commercial air. Once travel arrangements are confirmed, I will not make changes unless it is an emergency. I understand that my entitlement is for one Government funded round trip per fiscal year (1 Oct thru 30 Sep), I cannot transfer unused entitlements from previous fiscal years, and I am responsible for all travel arrangements for my family member. I also understand that I can only use the orders issued for the travel I am currently requesting on the enclosed DA Form 4187.

c. Restrictions: Travel is only authorized between my family member's school and my permanent duty station. Per Diem is not authorized and the finance office will not reimburse me for travel prior to the issuance of orders. Unaccompanied baggage must be shipped within 60 days of travel and a travel voucher must be submitted within 10 days of the completion of travel. I understand if I have early or advance returned this student family member during this tour, I will not be eligible for the dependent student travel entitlement.

d. Enrollment Verification: If requested travel is based on a letter of acceptance or returning to the same school without being pre-registered as a full-time student, then I offer the following:
My dependent, (1) _____ has been accepted for admission or is returning to school at, (2) _____ for the (3) _____ semester beginning (4) _____. I understand that the student must be enrolled in a full time course of study, which is defined as at least 12 semester hours or the equivalent. Proof of full time enrollment cannot be provided at this time. I understand that I must obtain full time enrollment verification and provide that verification to the order issuing authority (USAG-HI, DHR/MPD, ATTN: Chief, Family Travel Section, SchoBks, HI 96857) within 30 days of enrollment. If enrollment verification is not provided to the order issuing authority by (5) _____ the student travel orders will be revoked and I will be required to reimburse the government for all funding associated with the travel.

e. Separation from School. Dependent students who graduate, quit, or are otherwise separated from their school, who do not enroll/re-enroll as a full-time student, must travel within 30 days following their separation/loss of eligibility to qualify for movement under the Dependent Student Travel Program. Only under extenuating circumstances, such as illness or hospitalization, will a student be authorized to travel outside the 30 days.

2. All information contained in my DA Form 4187 is accurate and has been verified by me.

Signature of Sponsor _____ Date _____

- NOTES: (1) Student's full name
(2) Name of School student is or will be attending
(3) Enter Appropriate semester
(4) Enter date semester begins
(5) Enter the date that is 30 calendar days from the semester beginning date

(DO NOT REVISE OR RETYPE THE INFORMATION CONTAINED IN THIS FORM. PLEASE PRINT OR TYPE THE APPROPRIATE DATA ON A COPY OF THE FORM.)
(REVISED 1 APR 06)