Date

OFF CAMPUS INDIVIDUAL/GROUP VISITATIONS This form must be completed for all off campus trips, including those that do not require class excuses

Submit in Triplicate Five (5) Working Days Prior to Date of Trip in State Submit in Triplicate Three (3) Weeks Prior to Date of Trip Out of State

This form, when approved by the Provost and Dean of Students/ Vice President for Student Affairs, will serve as: 1) the official university excuse for classes missed while on a university-approved trip or event, and 2) as a source of information in emergency situations. Each student listed must receive a copy of the approved form and show it to his or her instructors prior to the trip. The student is responsible for making arrangements to make up any course work missed during the approved trip. Students also will be responsible for adhering to applicable state and local laws, the Student Code of Conduct, Drug and Alcohol Policy, and other university rules and regulations.

Faculty and students should consult the current general catalogue to determine activities for which excuses will be granted.

IMPORTANT NOTE: Students must follow all State travel regulations including taking the defensive driving course if: 1) driving a university vehicle; or 2) mileage reimbursement is being sought. Date & Time of Departure _ Name of Group ____ Date & Time of Return Destination _ Date & Time of Meeting/Conference/Event ____ Purpose and/or Justification of Proposed Trip ____ Method of Travel: University Vehicle _ Faculty/Staff Vehicle Other (explain) Student Vehicle Drivers(s) Driver's License Number Vehicle Insurance Policy Number and Name of Company (A photocopy of vehicle insurance and driver's license must be attached for each driver) Names of Students Making Trip (Alphabetical Order) with their University I.D. #. If more space is needed please list names with University I.D. # on a separate sheet and attach to each copy of this form. In addition, if class(es) will be missed, please attach a copy of each student's class schedule which includes days and times for each class. Emergency Telephone Number (cell phone, hotel) ____ Contact for Trip: Date Submitted: Signed: (Instructor/Faculty/Advisor) Date APPROVED FOR ABSENCE: Dean of College Date Department Head/Director

Date

Dean/Vice President for Student Affairs

Provost