

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 Assistant 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.

Name of Group _____ Date & Time of Departure _____

Destination _____ Date & Time of Return _____

Method of Travel: University Vehicle _____ Faculty/Staff Vehicle _____
 Student Vehicle _____ Other (explain) _____

Driver(s) _____ Driver's License
Number _____

Vehicle Insurance Policy Number and Name of
Company _____

(A photocopy of proof of insurance and driver's license must be attached for each driver)

Purpose and/or Justification of Proposed Trip _____

Names of Students Making Trip (Alphabetical Order) with their University I.D. #. If more space is needed please lists names with University I.D. # on a separate sheet and attach to each copy of this form.

Contact for Trip: _____ Emergency Telephone Number (i.e., cell phone, hotel) _____

Date Submitted: _____ Signed: _____
(Instructor/Faculty/Advisor) Date

APPROVED FOR ABSENCE:

Department Head/Director Date Dean of College/Students Date

Assistant Vice President for Student Affairs Date Provost Date