TODAY’S DATE: _________________________

TRIP SPONSORS – PLEASE NOTE

TYPE OR PRINT and file this request with the appropriate Supervisor/Provost, TWO WEEKS prior to the activity. Copy will be returned to you indicating approval or disapproval. Availability of the vehicles will be cleared by the Transportation Department.

All students making an authorized trip are expected to return to the campus at the time designated on this form. The sponsor of the trip is not authorized to give permission to a student, or group of students to make any trip except the one indicated below unless prior permission has been granted by the Provost. Out-of-State trips must be approved by the President.

Authorized Absence is one which occurs as a consequence of the student being away from the campus on official college business.

Signature of Sponsor making trip: __________________________________________

Purpose and nature of activity: __________________________________________

Destination: __________________________________________

Emergency address and telephone of sponsor at destination: ______________________

Departure time: __________ Date: __________ Returning Time: __________ Date: __________

School vehicle requested: YES____ NO____ If school vehicle is being requested, do you need a Van____ or Bus______. Will you be driving the vehicle yourself?______ Verification of Defensive Driving Certificate Number, ______________. If another form of transportation is to be used, please identify: ______________________.

Medical & Liability on private cars: YES ______ NO ______

Travel Account Number needed: ______________________(.32 per mile will be charged to account)

STUDENTS: ____________________________

(Please attach page with additional names)

Appropriate Chairperson ____________________________ Date____________________

Provost’s Approval ____________________________ Date____________________

President (Out-of-State only) ____________________________ Date____________________

Revised 10-06

08/08/07 MAV