Off-Campus Trip Request Form

(To be submitted a minimum of 2 weeks prior to trip)

School/Department/Unit	Class Catalog number		
Name of class/organization			
Students participating in this trip w	ill miss (please che	eck one):	
No classes Half a day or less of classes	One day of cla Two days of c		More than two days of classes (requires Undergraduate Council approval at least one semester prior to trip) Approved by UG council on
Departure Date	Departure Time		
Return Date	Return Time		
Destination of trip			
Purpose of trip			
Method of travel			
Cost to school/department/unit			
I have confirmed insurance coverag (Any student driver must be 21 or over.		vehicle drivers _	(Signature of professor/sponsor)
(PRINT name of Professor/Sponsor)			
(SIGNATURE of Professor/Sponsor	r)	Date	
(Signature of School/Department Dea	n/Chair/Unit Dir.)	Date	
(Signature of Assoc. VP for Academ	ic Admin.)	Date	

Please attach a list of students (include ID numbers) who plan to go on this trip. For extended trips, provide the Associate Vice President for Academic Administration Office with an itinerary. Call the Associate VP (ext. 2912) or send e-mail (academicadmin@southern.edu) to verify the names of the participants the day after you return.

It is the responsibility of the trip sponsor to advise students to make arrangements with their other teachers about making up work that is missed.