## VOLUNTARY STUDENT TRAVEL APPROVAL FORM

## INSTRUCTIONS:

- This form is to be completed by a USA faculty or staff member.
- Student travel for **any voluntary**, **USA-sponsored purpose** must be approved by the Vice President for Student Affairs/Dean of Students *prior* to the trip. Complete and submit this form to the Division of Student Affairs. It can be faxed to 460-6157.
- After approval, if necessary, a "Release From Liability" form will be sent to you by the Attorney's Office. The release form must be copied and provided to each student to sign <u>prior to the trip</u>. Release forms should be collected prior to travel and submitted to the College/School or Departmental office.

| *****   | *******  | *****  | ******                               | ******          | *****        | k**** |
|---|--|--|--------------------------------------|-----------------|--------------|-------|
| Participants:   | Graduate Students  | l Underg                                     | graduate Student                     | s 🗆             | Both □       |       |
| Organization Na   | ime:   |  |                                      |                 |              |       |
| -   | (USA College/Scho  | ool/Department or                            | student organiz                      | ation sponsorii | ng trip)     |       |
| Travel Dates:   | //   | to   | _//                                  |                 |              |       |
| Purpose of Trip   |  |  |                                      |                 |              |       |
| Destination:  |  |  |                                      |                 |              |       |
| Transportation:   | Private Vehicle □  | Rental Vehicle                               |                                      |                 | is (non-USA) |       |
|   | USA Vehicle □  | Commercial Ai                                | rline                                | Other           |              |       |
| NOTE:   | or staff member and submit  Students must be notified of  Date of Notification/Expected  *********************************** | expected conduction of the late of Notificat | et, including the                    |                 | _            | ****  |
| Signature of Faculty/Staff Member                       |  |  | Printed name of Faculty/Staff Member |                 |              |       |
| Faculty/Staff Member phone number                       |  |  | Faculty/Staff Member e-mail address  |                 |              |       |
| Signature of Department Chair or Dean of College/School |  | lege/School                                  | Date                                 |                 |              |       |
| Approved by VP for Student Affairs/Dean of Students     |  |  | Date                                 |                 |              |       |
| ******  | *******  | ******                                       | *****                                | *****           | *****        | k**** |
| Request forward <b>OR</b>                               | led to Attorney's Office for Re  | elease From Liabil                           | ity Form                             |                 |              | _     |
| Request returne   | d to Faculty/Staff Member (Re  | elease From Liabil                           | ity Form not ne                      | cessary)        |              |       |

(Faculty/Staff Member to retain this form for three years from date of trip)