

University of Arkansas at Pine Bluff  
Division of Student Affairs

*NOTIFICATION OF OFF-CAMPUS TRAVEL OF STUDENTS*

**I. IDENTIFICATION**

Group Name: \_\_\_\_\_ Ext.: \_\_\_\_\_ Fax #: \_\_\_\_\_

Purpose of Trip: \_\_\_\_\_

Expected Timeframe for Absence from Campus:

From \_\_\_\_\_ ☐ a.m. ☐ p.m. on \_\_\_\_\_

To \_\_\_\_\_ ☐ a.m. ☐ p.m. on \_\_\_\_\_

Name of Chaperone: \_\_\_\_\_ Cell #: \_\_\_\_\_

University Department Authorizing Travel: \_\_\_\_\_

Mode of Transportation: \_\_\_\_\_

Insurance coverage (if private transportation): \_\_\_\_\_

**II. ITINERARY:** (Please list information for where members of the group can be reached in case of emergency. Continue on back if necessary.)

ADDRESS (City, Hotel, Institution, etc.)

DATE AND HOUR

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**III. MEMBERS OF GROUP:** (Please list names and departments for students and faculty. Designate faculty by placing an "F" after their names. Continue on back if necessary.)

ADDRESS (City, Hotel, Institution, etc.)

DATE AND HOUR

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**SIGNATURES**

\_\_\_\_\_  
*Chaperone*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Dean of Student Life and Enrollment Management*

\_\_\_\_\_  
*Date*

NOTE: YOU are responsible for faxing a copy to the Office of Student Involvement and Leadership at 575-4613 and Campus Police at 575-4662/8029.