

Request for Off-Campus Activity

This request is to be presented to the Departmental office at least two (2) business days prior to the proposed activity. The signature of the Department Chair or the duly-authorized representative is required for authorization.

Date of request for authorization: _____

Class or Organization requesting authorization: _____

Names of students participating: (attach a list if necessary)

Date of Departure: _____ **Date of return:** _____

Destination: _____

Purpose of trip:

Sponsor(s) and/or Chaperone(s):

Mode of Transportation:

Authorized volunteers:

Submitted by: _____ **Date** _____

Approval: _____ **Date** _____
Chair or duly-authorized representative **Date**