



FORT VALLEY STATE UNIVERSITY
FORT VALLEY, GEORGIA 31030-3298

REQUEST FOR OFF-CAMPUS TRIP

Submit to the Dean of Students *at least (5) days prior to proposed trip*

1. Name of sponsoring group _____
2. Purpose of trip _____
3. Points to be visited _____
4. Date of departure _____ Time of departure _____
5. Date of return _____ Time of return _____
6. Mode of transportation: Personal Commercial Airline University Vehicle
 Other _____

NOTE: *If University-owned vehicle is used, please supply the following:*

Name Of Driver

Class 3 Driver's License #

7. Are students required to pay for this trip? _____ If yes, amount \$ _____
8. If trip requires spending the night, list housing accommodations and phone number _____

9. Please print names of chaperones and contact numbers (to be used in case of emergency):

10. Request submitted by: _____

List Names of Students (*Attach a sheet if needed*):

Student Name & I.D.

Student Name & I.D.

1. _____
2. _____
3. _____
4. _____

5. _____
6. _____
7. _____
8. _____

Signatures:

Faculty Advisor _____ Date _____

Department Head _____ Date _____

FOR OFFICE OF CAMPUS LIFE ONLY

- The above request is approved with no changes.
 The above request is approved with the following changes:

Date

Dean of Students