

Complete this form and submit with the *Student/Group Travel List* and a waiver of liability for each student to the appropriate university administrator at least ten days prior to the date of travel (pursuant to HOP STU 6-600). For questions regarding this form, contact Student Organizations at mavorgs@uta.edu.

Sponsoring Department or Organization: _____

The campus sponsor is a: ☐ Registered Student Organization ☐ University Department ☐ Other: _____

Trip Coordinator: _____ **Office Phone:** _____
(Designated primary contact for the trip)

Cell Phone: _____ **Email:** _____

Destination Activity: _____
(name or program, conference, tournament or event)

Departure-Date: _____ **Time:** _____ **Return-Date:** _____ **Time:** _____

Itinerary (Include anticipated stops with estimated date/time of each. Attach additional page if necessary):

Mode of transit: ☐ Airline (Carrier: _____, Flight Number: _____)
(Select all that apply)
For multiple personal vehicles attach in separate sheet
☐ University-owned vehicle
☐ Rented vehicle
☐ Personal vehicle (License plate: _____, State: _____)
☐ Other Explain: _____

Lodging: _____
(Name of hotel, residence, campus, etc.)

Physical Address: _____ **City:** _____ **State:** _____

Has your group stayed at this location previously? ☐ Yes ☐ No

If yes, please list dates of prior visits: _____

Approval by Authorized University Administrator

This is the faculty/staff advisor of a registered student organization; Fraternity and Sorority Life (chapters of CPH, IFC, MGC or NPHC); Campus Recreation (for sport clubs); or the appropriate dean, director or department head (as designated for a particular group).

Printed Name / Department _____ Signature _____ Date _____

Upon approval the administrator shall forward the signed copy of this form along with the Student/Group Travel List to Student Organizations: mavorgs@uta.edu, or Rm. B160 University Center. Retain a copy along with waivers of liability.

For Review By Student Organizations

Received by: _____ **Recommended Follow-up:**
Date of review: _____ ☐ Meet with group (completed on date: _____, initials: _____)
☐ Forward to University Police Dispatch ☐ Other _____

Office of Student Organizations
Student/Group Travel List

Please print or type

Name	Student 1000 Number (Last 6 digits) or Driver's License Number if not a Student	Relationship to University (**)	Allergies, Illness, or Special Needs	Emergency Contact Person (someone not on trip)***	Contact Phone Number

MODIFICATION TO THIS FORM IS STRICTLY PROHIBITED.

*** (i.e., student, spouse of student, dependent of student, friend, employee, spouse of employee, dependent of employee)*

****Emergency contact may not be someone participating in this trip.*

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