

**UNIVERSITY OF ARKANSAS AT MONTICELLO
NOTIFICATION OF OFF-CAMPUS TRAVEL OF STUDENTS**

I. IDENTIFICATION

- (a) Name of group _____
- (b) Purpose of trip _____
- (c) Expected absence from campus:
From _____ a.m./ p.m. Date _____
To: _____ a.m./ p.m. Date _____
- (d) Name of advisor (print) _____
- (e) Type of transportation _____
- (f) Insurance coverage (if private transportation) _____

II. ITINERARY: (Please list those points at which members of the group can be reached in case of emergency. Continue on back or attached page(s) if necessary.)

Address	(City, Hotel, Institution, etc.)	Dates & Hours
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III. MEMBERS OF GROUP: (Please type names of students & faculty who are expected to make the trip. Designate faculty by placing an "f" after the names of faculty members. Continue on back or attached page(s) if necessary.)

Name	Name	Name
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**IV. SIGNATURE OF TRIP
COORDINATOR** _____ **DATE** _____

V. EXECUTIVE COUNCIL MEMBER AUTHORIZING TRAVEL
_____ **DATE** _____

This form when signed authorizes student(s) to be "official University representatives". Copies of this completed form are to be forwarded to the Vice Chancellor for Academic Affairs and the administrative official authorizing the travel in advance of each travel period. See UAM Operating Procedure 535.1 for policy.