



STUDENT OVERNIGHT TRIP TRAVEL PACKET

General Instructions:

1. *Club/Organization Trips*: The Campus Activity Request will be approved by the Director of Student Life.
Class Trips: The Campus Activity Request will be approved by the School Dean or School Assistant Dean approving off campus activity for the class.

2. Trip Insurance – Employees are covered by other policies and do not require additional insurance. While not required, students can purchase travel insurance for university related trips.

Students are responsible for obtaining their own medical and travel insurance. Travel insurance can cover you, your health, your possessions, and protect your investment in case your trip is cancelled. It can be purchased by contacting an insurance agent or online. Contact the Student Life Office for a list of some insurance providers.

School vehicles are insured by OSUIT with liability coverage.

Be sure to read through OSUIT's Travel Policy All Student Organizations are responsible for reading and abiding by the policies set forth in the Student Code of Conduct.

3. For Overnight Trips - the Campus Activities Request, Overnight Trip Request, Employee Acknowledgment form, and Student Travel form, **must be returned to the Department of Student Life at minimum 2 weeks before the trip begins.**
4. Only one trip may be reported on one form. All individuals making the trip must be reported on the same form (First, Last Name and CWID). Any changes must be reported before the trip begins.
5. If the Student Life office does not have an **Employee Acknowledgment** on file for the employees making the trip, please also sign and print this form! These forms will need to be signed and recorded annually.
6. A **Student Travel Form** will need to be signed by **each student** accompanying the trip. If student is not 18 years of age, a parent/guardian must sign for them.
7. In order to process overnight travel accommodations for, the **Overnight Trip Request** form will need to be filled out to aid in that process. Employee(s) going on trip please sign as Class/Organization Sponsors, Student Life will obtain all other required signatures.

Once you have all documentation in this travel packet filled out, please return to Student Life by email or in person - Covelle Hall or hope.hubbard@okstate.edu .



Campus Activity Request

When completed, submit this form electronically, to Student Life

Name of Event or Activity: _____

Facility/Area/Location to be used: _____

Event Date: _____ Day of week: _____ Time: from _____ am/pm to _____ am/pm

If Set-Up/Tear-Down Time Required, Please Specify

Date: _____ Day of week: _____ Time: from _____ am/pm to _____ am/pm

Purpose of Event/Activity/Trip: (list types of activities planned, i.e., meeting, lecture, etc): _____

Group Submitting Request: _____

Contact Person for Event or Activity: _____ Telephone #: () _____

Anticipated Attendance: _____ Open to Public: Yes _____ No _____

Who Will Set-Up? _____ Self _____ Physical Plant Services _____ Other (Please Specify)

Food Services Requested? _____ Yes (If Yes, Contact Food Services @ 293-4964) _____ No

Please List any Special Services or Equipment Requested:

(If you have an Audio Visual Equipment Request, Contact the Campus Library @ 293-5080)

Student Groups Requesting Approval for a Student Organization Sponsored Activity or Trips should submit completed documentation to the Office of Student Life. For Day Trip Requests, Travel Packets should be received at minimum 24 hours in advance of the Trip. For Overnight Trip Requests, 2 weeks in advance. All other requests to reserve Areas or Facilities on the OSU Institute of Technology Campus should be submitted to the Student Union Services Office for Approval.

Responsible Party Designee / Sponsor

Date

University Approval APPROVED OR DISAPPROVED

Date

◆ COPIES OF THIS REQUEST WILL BE FORWARDED TO APPLICABLE OSUIT OFFICES ◆



INSTITUTE OF TECHNOLOGY

FIELD TRIP REQUEST

DEPARTMENT / CLUB NAME: _____

ACCOUNT NUMBER(S) TO CHARGE: _____

ACTIVITY REQUEST SUBMITTED TO STUDENT LIFE DATE SUBMITTED: _____

TRIP INSURANCE SUBMITTED TO STUDENT LIFE DATE SUBMITTED: _____

OFF CAMPUS TRIP REQUEST YES NO

OUT OF STATE TRAVEL REQUEST SUBMITTED N/A YES NO

TRIP INFORMATION

DESTINATION _____

DATE OF DEPARTURE _____ DATE OF RETURN _____

PRIMARY MODE OF TRAVEL _____

(If using a university vehicle, an off campus trip request is required and must be submitted to Fiscal Services to reserve the vehicle)

TRIP EXPENSES

A SIGNED COPY OF THE CLUB MINUTES AUTHORIZING ALL EXPENDITURES MUST ACCOMPANY THIS REQUEST

SOURCE OF FUNDING _____

TYPE OF EXPENSES	PURPOSE	AMOUNT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL ESTIMATED COST _____

AMOUNT TO BE PAID BY FISCAL SERVICES PCARD _____

AMOUNT TO BE PAID WITH CLUB CARD _____

FIELD TRIP REQUEST

PARTICIPANTS

STUDENT PARTICIPANTS

Please attach signed **Participant Acknowledge** form for each student participant

1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
8	_____
9	_____
10	_____
11	_____
12	_____
13	_____
14	_____
15	_____
16	_____
17	_____
18	_____
19	_____
20	_____
21	_____
22	_____
23	_____
24	_____
25	_____
26	_____
27	_____
28	_____

SPONSOR PARTICIPANTS

1	_____
2	_____
3	_____
4	_____

FIELD TRIP REQUEST

APPROVALS

ORGANIZATION / CLASS SPONSOR

PLEASE PRINT

SIGNATURE

DIVISION CHAIR

PLEASE PRINT

SIGNATURE

DIRECTOR OF STUDENT LIFE

PLEASE PRINT

SIGNATURE

TRAVEL PCARD HOLDER

(IF EXPENSE INCLUDES AIRLINE OR HOTEL)

PLEASE PRINT

SIGNATURE

DIRECTOR OF PURCHASING

(IF EXPENSES ARE TO BE PAID WITH PCARD)

PLEASE PRINT

SIGNATURE

DIRECTOR OF ACCOUNTING

PLEASE PRINT

SIGNATURE



INSTITUTE OF TECHNOLOGY Employee/Sponsor Acknowledgement Statement

As a result of the Drug-Free Policy Statement, 1-018, concerning the prohibition of drugs and alcohol in college-owned buildings, facilities, grounds, or other property owned and/or controlled by the college or as a part of college activities, the following expectations apply to you as a representative of OSUIT.

- All OSUIT individuals participating in an OSUIT-sponsored trip are held accountable to all policies of OSUIT as stated in the student handbook and campus policies. In addition, all individuals will obey civil laws at the local, state, and federal level.
- The use of alcohol during any OSUIT-sponsored activity is strictly prohibited, unless an exception has been granted by the Senior Administration, and written approval provided as documentation.
- Any violation of the drug-free policy shall be subject to disciplinary action up to and including termination from employment. In addition, any individual that chooses to violate this policy may be asked to reimburse OSUIT for his/her portion of the participation cost paid by the institution or its affiliates.
- After-hours, OSUIT employees are prohibited from purchasing or providing alcohol to students, regardless of students' age, and from fraternizing with students when alcohol is present.
- It is understood that the use and/or distribution of illegal drugs is expressly prohibited, and may result in immediate termination from employment, and involvement of law enforcement.

I have read, understood, and will comply with the above-mentioned information relating to policies and guidelines of OSUIT.

Print Employee's Name

Date

Employee's Signature

Date



**INSTITUTE OF
TECHNOLOGY**

STUDENT TRAVEL FORM

I, _____, a student at OSU Institute of Technology, hereby acknowledge and agree to the following conditions set forth by OSU Institute of Technology for student travel:

1. I will be voluntarily participating in travel and activities during the _____ academic year with _____ (name of student organization).
2. I accept full responsibility for my actions and conduct while traveling, and realize that I am expected to positively represent OSU Institute of Technology by my conduct.
3. I will conduct myself in accordance with the applicable laws and the OSU Institute of Technology Student Rights and Responsibilities.
4. I agree I will not transport illegal drugs, weapons, or alcohol during this activity, nor will I use illegal drugs or alcohol throughout the duration of this activity.
5. I will comply with all rules established by the trip leader, and will treat the trip leader with respect.
6. Should I believe the trip leader is behaving in an inappropriate manner, I will report such behavior to the Director of Student Life immediately (not to exceed 48 hours) upon my return to campus.
7. I certify that I am in stable health and have no physical, mental, or emotional impairments, or concerns that might jeopardize my safety or the safety of others for the purpose of student travel.
8. I understand that there are certain risks inherent in participating in off-campus activities including (but not limited to) illness, accidents and injuries. I voluntarily accept this risk associated with participating in this activity.
9. I understand that if I am found in violation of any of the above conditions, I will be removed from the trip. I understand that I will be responsible for reimbursement of all costs incurred for such a removal.

10. Violation of this policy can also result in judicial action in accordance with the policies stated in the OSU Institute of Technology Students Rights and Responsibilities, including sanctions, suspension, or expulsion from OSU Institute of Technology.

11. In the event of an emergency, the trip leader has my permission to contact the following individual(s):

a. Name: _____

b. Relationship: _____

c. Phone: _____

12. For your safety and the safety of other students traveling, please indicate any physical disabilities or conditions that would affect your participation in off campus activities (For example: heart conditions, diabetes, seizures, recent operations, illnesses, and broken bones.)

13. Do you have any allergies that you would like the college to be aware of during student travel (for example: bee stings, food or medication/drug allergies)?

14. List any medications being taken that you would like the college to be aware of that would affect your student travel. _____

15. I certify that I am at least eighteen (18) years of age and am competent to sign this policy. If I am under age 18, a parent or legal guardian must also sign.

I have read and fully understand this policy and accept all conditions of student travel, and knowingly accept all risks associated with my participation in this activity. If the need arises to respond to accidents and potential emergency situations, I hereby give my consent for any medical treatment that may be required, with the understanding that the cost of any such treatment will be my responsibility.

Student Signature

Date

The student is under eighteen years of age, and I accept this policy on behalf of the student and myself. In the event of an emergency, every effort will be made to contact a parent or emergency contact. If no contact can be made, I give authorization to OSU Institute of Technology to seek treatment for the student.

Parent/Legal Guardian Signature

Date