The University of Oklahoma
STUDENT TRAVEL REGISTRATION
Registered Student Organization Travel

Name of Registered Student Organization

Organization’s Faculty/Staff Adviser Name

Adviser’s University Title

Administrative Unit/Department

Office Phone: ______________ Cell Phone: ______________ E-Mail: ________________________

TRIP INFORMATION: Purpose of Trip

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Destination:

TRAVEL DATES: Departure _______________________ Return ________________________

Total Number of Student Participants ___________ Total Number of Non-Student Participants ___________

LODGING ARRANGEMENTS: (Name and Address)

Phone

TRAVEL ARRANGEMENTS:
VEHICLE (Indicate number traveling by each method): _____Rental Vehicle _____Personal Vehicle

_____OU-Owned Vehicle _____Other

Name(s) of Drivers* ________________________________

*All drivers must be provided with a copy of the current Student Travel Policy and agree to abide by it.

EMERGENCY CONTACT:
Name of OU employee serving as on-call emergency contact

Office Phone ______________ Cell Phone ______________ Home ________________________

REQUIRED DOCUMENTS:
RSO’s President and Adviser must initial below that they have acquired and will keep on file all of the following documents as required by the University’s Records Retention Policy:

President  Adviser

List of Participants, Campus Addresses, Local Phone(s) and Emergency Contacts

Copies of all Driver’s Licenses for All Drivers (if applicable)

Proof of Current Liability Insurance (if using personal vehicles only)

Medical Information and Waiver and Release of Liability forms for All Participants
REGISTERED STUDENT ORGANIZATION’S PRESIDENT APPROVAL:
My signature below verifies that I have read The University of Oklahoma Student Travel Policy for Registered Student Organizations and affirm that this trip meets all requirements of that policy.

Name_____________________________________________________________ Date ______________________
Title____________________________________________________________ Signature__________________

REGISTERED STUDENT ORGANIZATION’S FACULTY/STAFF ADVISER APPROVAL
My signature below verifies that I have read The University of Oklahoma Student Travel Policy for Registered Student Organizations and affirm that this trip meets all requirements of that policy.

Name_____________________________________________________________ Date ______________________
Title____________________________________________________________ Signature__________________

FOR STUDENT AFFAIRS USE ONLY-----------------------------------------------

CONFIRMATION OF REGISTRATION
OFFICE OF THE VICE PRESIDENT FOR STUDENT AFFAIRS

Name_____________________________________________________________ Date ______________________
Title____________________________________________________________ Signature__________________

☐ Registered Student Organization Status Verified
☐ Travel Dates Reviewed. Students will miss _____ days of class.
☐ Advisor’s Signature Reviewed
☐ Required Document’s Initials Reviewed

Notification Made by ____________________________ via ____________________________
on (Date)_________________________________________ (Time)____________________________

NOTES: ____________________________________________________________________________
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