The University of Oklahoma
STUDENT TRAVEL REGISTRATION
University Sponsored or Organized Travel

Student Group/Organization Name (If Applicable) _________________________________________________________

Organization’s Faculty/Staff Adviser Name (If Applicable) ________________________________________________

Name of University Employee Responsible for Trip ______________________________________________________

Title ___________________________________ Administrative Unit/Department ________________________________

Office Phone: ________________  Cell Phone: ________________  E-Mail: ____________________________________

TRIP INFORMATION: Purpose of Trip ________________________________________________________________

_________________________________________________________________________________________________

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:
University employee responsible for the trip 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:

_____ 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
EMPLOYEE RESPONSIBLE FOR TRIP APPROVAL:
My signature below verifies that I have read The University of Oklahoma Student Travel Policy for University Sponsored or Organized Events and affirm that this trip meets all requirements of that policy.

Name_____________________________Date________________________
Title_____________________________Signature_____________________

For events sponsored by academic units, this form should be returned to the Office of the Senior Vice President & Provost (EH104). For events sponsored by non-academic units, forms should be returned to the Office of the University Vice President for Student Affairs (OMU265).

FOR STUDENT AFFAIRS/PROVOST USE ONLY-------------------------------------------------------------------------------------
CONFIRMATION OF REGISTRATION
OFFICE OF THE VICE PRESIDENT FOR STUDENT AFFAIRS OR OFFICE OF THE SENIOR VICE PRESIDENT AND PROVOST:

Name_____________________________Date________________________
Title_____________________________Signature_____________________

☐ Travel Dates Reviewed. Students will miss _____ days of class.
☐ Employee’s Signature Reviewed
☐ Required Document’s Initials Reviewed

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

NOTES: __________________________________________________________________________________________
_________________________________________________________________________________________________