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 STUDENT AFFAIRS USE ONLY

CONFIRMATION OF REGISTRATION
OFFICE OF THE VICE PRESIDENT FOR STUDENT AFFAIRS:

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: __________________________________________
____________________________________
____________________________________
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