

UNIVERSITY OF ARKANSAS
Notification of Off-Campus Travel of Students

I. Identification

- (a) Name of group: _____
- (b) Purpose of trip: _____
- (c) Expected absence from campus:
From _____ am/pm _____, 20_____
To _____ am/pm _____, 20_____
- (d) Name of sponsor (please print) _____
- (e) University division authorizing travel _____
- (f) Type of transportation _____
- (g) 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 if necessary.

Address (City, Hotel, Institution, etc.)	Dates and Hours

III. MEMBERS OF GROUP:

Please print the names and colleges of students and faculty who are expected to make the trip. Designate faculty by placing an "F" after the names of faculty members. Continue on back if necessary.

Name	College

IV. SIGNATURE OF SPONSOR:

_____ Date: _____