

STUDENT TRAVEL ROSTER

The Academic or Administrative unit is responsible for completing this form and submitting it to the Office of Student Affairs pursuant to University policy. The Academic or Administrative unit is also responsible for keeping a completed copy of the form on file during the trip.

Purpose of Trip: _____

Destination: _____

Date/Time of Departure: _____ Date/Time of Return: _____

Vehicle/transportation used (personal vehicles must have insurance): _____

Proof of Insurance has been verified if personal vehicles are being used: Y ___ N ___ N/A _____

Address of Destination: _____

Faculty/Staff Sponsor in Attendance: _____ Phone: _____

Phone Number of Contact (or university employee) at Destination: _____

S#	Student Name	Student Phone	Emergency Contact	Emergency Phone
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____
13.	_____	_____	_____	_____
14.	_____	_____	_____	_____
15.	_____	_____	_____	_____

(Use additional forms if necessary)