

OFF CAMPUS INDIVIDUAL/GROUP VISITATIONS

This form must be completed for all off campus trips, including those that do not require class excuses

Submit in Triplicate Five (5) Working Days Prior to Date of Trip in State
Submit in Triplicate Three (3) Weeks Prior to Date of Trip Out of State

This form, when approved by the Provost and Dean of Students/ Vice President for Student Affairs, will serve as: 1) the official university excuse for classes missed while on a university-approved trip or event, and 2) as a source of information in emergency situations. Each student listed must receive a copy of the approved form and show it to his or her instructors prior to the trip. The student is responsible for making arrangements to make up any course work missed during the approved trip. Students also will be responsible for adhering to applicable state and local laws, the Student Code of Conduct, Drug and Alcohol Policy, and other university rules and regulations.

Faculty and students should consult the current general catalogue to determine activities for which excuses will be granted.

IMPORTANT NOTE: Students must follow all State travel regulations including taking the defensive driving course if: 1) driving a university vehicle; or 2) mileage reimbursement is being sought.

Name of Group \_\_\_\_\_ Date & Time of Departure \_\_\_\_\_

Destination \_\_\_\_\_ Date & Time of Return \_\_\_\_\_

Date & Time of Meeting/Conference/Event \_\_\_\_\_

Purpose and/or Justification of Proposed Trip \_\_\_\_\_

Method of Travel: University Vehicle \_\_\_\_\_ Faculty/Staff Vehicle \_\_\_\_\_
Student Vehicle \_\_\_\_\_ Other (explain) \_\_\_\_\_

Driver(s) \_\_\_\_\_

Driver's License Number \_\_\_\_\_

Vehicle Insurance Policy Number and Name of Company \_\_\_\_\_

(A photocopy of vehicle insurance and driver's license must be attached for each driver)

Names of Students Making Trip (Alphabetical Order) with their University I.D. #. If more space is needed please lists names with University I.D. # on a separate sheet and attach to each copy of this form.

In addition, if class(es) will be missed, please attach a copy of each student's class schedule which includes days and times for each class.

Blank lines for listing student names and their University I.D. #.

Contact for Trip: \_\_\_\_\_ Emergency Telephone Number (cell phone, hotel) \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Signed: \_\_\_\_\_ (Instructor/Faculty/Advisor) \_\_\_\_\_ Date \_\_\_\_\_

APPROVED FOR ABSENCE:

Department Head/Director \_\_\_\_\_ Date \_\_\_\_\_ Dean of College \_\_\_\_\_ Date \_\_\_\_\_

Dean/Vice President for Student Affairs \_\_\_\_\_ Date \_\_\_\_\_ Provost \_\_\_\_\_ Date \_\_\_\_\_

Dean of Students

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