

Day/Overnight Travel Information Sheet
Form must be completed and submitted prior to departure

Copies to:

- **Campus Safety** cs@aquinas.edu
- **Dean of Students or Associate VP of Student Services (where students are traveling)**

1. Sponsoring Organization (ex: Department , Class or Registered Student Organization (RSO) name)

2. Faculty/Staff representative*:

a. Name _____

b. Contact number _____ email _____

c. Signature _____

3. Reason for and destination of trip (ex: meeting, conference, field trip, etc. and location)

4. Date(s) of Travel

Departure Date: _____ Time: _____

Return Date: _____ Time: _____

5. Method of Travel (please circle all applicable options)

a. Chartered Bus

b. Air Travel

c. Public Transportation (bus/train)

d. Automobile (if automobile, please complete #6 Below)

e. Other: _____

6. Type and quantity of vehicles: (indicate all that apply or skip if no automobiles in use)

a. College owned _____

b. Rental _____

i. Name of Rental Agency _____

ii. Rental Agency phone _____

c. Personal _____ (please refer to Personal Car Use policy)

7. Name(s) of driver(s) (Note: all drivers must have passed the Michigan Driving Record check through Campus Safety to qualify as drivers for "College Business"):

a. Name _____

Contact number _____ email _____

- b. Name _____
Contact number _____ email _____
- c. Name _____
Contact number _____ email _____
- d. Name _____
Contact number _____ email _____
- e. Name _____
Contact number _____ email _____
- f. Name _____
Contact number _____ email _____
- g. Name _____
Contact number _____ email _____

8. Route: (may attach Map quest/Google map type route) _____

9. Lodging (if applicable): List all lodging in chronological order:

- a. _____
Name of lodging facility phone date range
- b. _____
Name of lodging facility phone date range
- c. _____
Name of lodging facility phone date range
- d. _____
Name of lodging facility phone date range
- e. _____
Name of lodging facility phone date range
- f. _____
Name of lodging facility phone date range
- g. _____
Name of lodging facility phone date range

- 10. Attach a roster of all participants, including full name, Aquinas ID Number, and role (i.e. student, staff, faculty, alumni advisor, etc.)
- 11. All participants must complete tan "Assumption of Risk for Participation in Campus Activities" form prior to departure.

*All overnight trips must have a college staff or faculty person in attendance. Any variations from this policy require the written permission of the Dean of Students and such a request must be made at least 2 weeks prior to departure. Travel Information sheets must be submitted to the Dean of Students and Campus Safety prior to departure. Student participants are responsible for all policies as outlined in the Aquinas College Student Code of Conduct while traveling on Aquinas sponsored trips.

Advisor Responsibility - Advisors are responsible for insuring the safety of participants and exercising reasonable precautions to avoid injuries. Participants disregarding the directives of the Advisor or the Student Code of Conduct, may at advisor's discretion, be sent home at the participant's expense and/or charged through the college judicial system.

Student Medical Emergencies - All students are responsible for their own health insurance. Advisors are advised to indicate this fact to all participants. Participants should bring necessary information to prove their coverage. Any medical emergency should be relayed as quickly as possible to the Campus Safety and the Dean of Students or his/her designate.