

**GREAT FALLS COLLEGE MONTANA STATE UNIVERSITY  
STUDENT ORGANIZATION/CLASS SPONSORED TRIP APPROVAL FORM**

**If you are participating in a student organization/class-sponsored trip, please complete the following at least 5 days before your departure date.**

**Section 1** *(To be completed by travel leader)*

Name of Class/Student Group: \_\_\_\_\_

Travel leader: \_\_\_\_\_ Telephone: \_\_\_\_\_

Location of Travel (City/State): \_\_\_\_\_

Student travel date(s): \_\_\_\_\_ Example 10/25-10/30/2015

Reason for Travel (i.e., conference, competition, etc.) \_\_\_\_\_

If traveling to a conference, please provide the website for the conference or sponsoring organization:

Total Number of Travelers (estimate if unsure)\* \_\_\_\_\_

Mode of Travel \_\_\_\_\_

Estimated Date/Time of Departure \_\_\_\_\_ / \_\_\_\_\_ Estimated Date/Time of Return \_\_\_\_\_ / \_\_\_\_\_

Name of Main Point Person for trip (leader or organizer who will be on the trip): \_\_\_\_\_

Point Person Phone Number \_\_\_\_\_

Point Person Email \_\_\_\_\_

GFC MSU Advisor Name (if applicable) \_\_\_\_\_

Advisor Email \_\_\_\_\_

Advisor Day Phone \_\_\_\_\_ Advisor Evening Phone \_\_\_\_\_

Equipment/supplies to be provided (if any):

- by participant: \_\_\_\_\_

- by travel leader: \_\_\_\_\_

Physical activities to be undertaken include:

Risks inherent in this student travel include bodily injury due to:

**\*RETURN COMPLETED FORMS TO THE OFFICE OF THE CHIEF STUDENT AFFAIRS OFFICER**

**TRAVEL APPROVAL**

Approval Recommended by: \_\_\_\_\_ Print Name: \_\_\_\_\_  
Faculty/Staff/Advisor Signature

Reviewed by Academic Division Director (if class sponsored trip)  
\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved by Chief Student Affairs Officer? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
Chief Student Affairs Officer Date