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 __________________________

Revised January 2022