

## OFF-CAMPUS FIELD TRIP AND STUDENT ACTIVITY REQUEST LEVY CAMPUS

This form is to be used for all off-campus student activity, athletic events, field trips and other off-site trips involving student clubs and organizations.

Complete the information below and attach to a standard Travel Approval and Reimbursement Request. A separate travel approval form is required for each advisor accompanying the group. Forward both completed forms to the Campus Manager's office at least two weeks in advance of the proposed trip to allow sufficient time for routing. Approved copies will be processed and filed in Financial Operations. A copy will also remain in the Office of Student Life.

| _   | Information                 |           |                 |      |              |           |
|---|-----------------------------|-----------|-----------------|------|--------------|-----------|
| Date of request: Advisor: Advisor:  |                             |           |                 |      |              |           |
| Club or organization traveling:   |                             |           |                 |      |              |           |
| Date(   | (s) of trip:                | Departu   | Departure time: |      | Return time: |           |
| Destination:  |                             |           |                 |      |              |           |
| Purpose of trip:  |                             |           |                 |      |              |           |
| College transportation requested: No Yes If yes, indicate type:   |                             |           |                 |      |              |           |
| Source of funding (Budget No.):   |                             |           |                 |      |              |           |
|   | ion of filed release forms: |           | No. o           |      |              | eling:    |
| List of Participating Student(s) (If additional space is needed, continue list on separate page and attach) |                             |           |                 |      |              |           |
|   | Name                        | CF ID No. |                 | Name |              | CF ID No. |
| 1.  |                             |           | 11.             |      |              |           |
| 2.  |                             |           | 12.             |      |              |           |
| 3.  |                             |           | 13.             |      |              |           |
| 4.  |                             |           | 14.             |      |              |           |
| 5.  |                             |           | 15.             |      |              |           |
| 6.  |                             |           | 16.             |      |              |           |
| 7.  |                             |           | 17.             |      |              |           |
| 8.  |                             |           | 18.             |      |              |           |
| 9.  |                             |           | 19.             |      |              |           |
| 10.   |                             |           | 20.             |      |              |           |
| Approvals   |                             |           |                 |      |              |           |
| Advisor/Instructor Signature Date: MM/DD/YY   |                             |           |                 |      |              |           |
| Campus Manager Signature  Date: MM/DD/YY  |                             |           |                 |      |              | DD/YY     |
| Levy Campus Provost Signature Date: MM/DD/YY  |                             |           |                 |      |              |           |

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