



**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): _____

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: _____

Mode of Transportation: _____ Estimated Transportation Cost: _____

Estimated Date/Time of Departure: _____/_____/_____ Estimated Date/Time of Return: _____/_____/_____

If traveling out of state, estimated costs for: Hotel _____ Meals: _____ Other: _____

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

Point Person Phone Number: _____ email: _____

Additional staff member name: _____

Phone Number: _____ email: _____

Physical activities to be undertaken include:

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

TRAVEL APPROVAL

Approval Recommended by: _____ Signature: _____

Faculty/Staff/Advisor Signature

Approved by Executive Director of Student Affairs? _____ Yes _____ No

Signature: _____ Date: _____

Approved by Executive Director of Operations? _____ Yes _____ No

Signature: _____ Date: _____

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