# MANDATORY EVENT: STUDENT TRAVEL REQUEST CHECKLIST WESTERN OREGON UNIVERSITY

To ensure all Student Travel Requests requirements are met, follow this checklist in numerical order. Include this signed checklist with your Travel Request submission. Forms must be submitted to the Office of the Vice President of Student Affairs (VPSA) for approval <u>prior</u> (no less than 2 business days prior) to travel to the event or activity. Copies of completed and approved Travel Requests will be sent to Campus Public Safety, the contact person, and ASWOU (for clubs/orgs).

	uthorization (complete all that apply) – For Allow up to five business days for completed	
□ D	etermine the type of travel and follow the ins	structions:
-	f driving a state vehicle:  ☐ Complete the Driver Authorization form	
-	f driving a personal vehicle:  ☐ Complete the Driver Authorization form ☐ Complete the Private Auto Certificate o	
-	f driving a van with at least one passenger:  ☐ Complete the Driver Authorization form ☐ Complete the online Van Safety Test a Campus Public Safety (safety@wou.ec transportation.oregonstate.edu/motorpe	nd forward OSU's email with score to lu) (Link: <a href="https://">https://</a>
Authoriz	Oriver's must be pre-approved to drive. You reation forms prior to submitting the Student T on and forms, visit: https://wou.edu/safety/fo	ravel Request forms. For additional
	Travel Request – Forms turned to VPSA uthorization form(s) have been turned in to 0	
	omplete the Student Travel Request form (eavel approval)	.g., travel information, transportation,
	omplete the Emergency Contact Person List clude emergency contact information)	form (each student traveling must
	n for this Student Travel Request, certify that forms have been completed and submitted	
	<u></u>	<u></u>
Name	Signature	Date

## STUDENT TRAVEL REQUEST **WESTERN OREGON UNIVERSITY**

#### **INSTRUCTIONS:**

- $\Rightarrow$  This form is to be completed by the faculty/staff advisor or the group's contact person.
- ⇒ Student travel for <u>any WOU purpose must receive approval.</u>
   ⇒ Requests must be submitted to the Vice President for Student Affairs, studentaffairs@wou.edu, for approval at least two business days prior to travel to the event or activity.

Travel Information						
Organization Name:(Student organization or academic department)						
(Student organization or academic department)						
Destination:	<u>/</u>					
Departure Time: a.m./p.m. Return Time: a.m./p.m.						
Travel Route/s:(Example: north on 99W, east on 22, north on I-5)						
Purpose of Travel:						
Faculty or Staff Advisor Traveling with Student/s or Student Group: Yes No						
Contact Person: Name: Signature: PRINT						
Telephone number of Contact Person:						
Pre-Travel Authorization Filed: Yes No If Yes, a copy is attached (optional)	).					
Transportation						
Check One: STATE OWNED VEHICLE PRIVATELY OWNED VEHICLE						
☐ COMMERCIAL AIRLINE ☐ TRAIN ☐ BUS						
Driver: Driver:						
Driver: Driver:						
Travel Approval						
A 15						
Approval Recommended by: Print Name:						
Approval Recommended by: Print Name: Faculty/Staff/Advisor Signature  VPSA Approved: Yes No						
Vice President for Student Affairs Date						

# **EMERGENCY CONTACT PERSON LIST**

### WESTERN OREGON UNIVERSITY SPONSORED OFF-CAMPUS EVENT

**Instructions:** This form is to be completed by all participants/travelers, including the Contact Person. A separate copy is required for each vehicle. VPSA will send a copy of the emergency contact person list form to Campus Public Safety prior to the trip. A copy of this completed form/s will accompany the student or student group during the Off-Campus Event and will be maintained by the Contact Person.

EVENT NAME:	DES	DESTINATION:				
LEAVE WOU: / / a.m./p.m	ı <u>.</u> RET	RETURN WOU: / / a.m./p.m.				
		1				
Student Name	Signature	Tel	lephone	Date		
Emergency Contact Person	/ Relationship	·				
	DU with the group, I will be ${(i.6)}$	will be				
/		1	/			
Student Name	Signature	Tel	lephone	Date		
Emergency Contact Person	<u>/</u> Relationship	Relationship Telephone				
I will not be returning to WC	DU with the group, I will be $\frac{1}{(i.6)}$	e. staying in Portla	ınd)			
	.~~~~~~~~~	/	·~~~~~ /	~~~~~		
Student Name	Signature	Tel	lephone	Date		
	<i>1</i>	1				
Emergency Contact Person	Relationship	Relationship Telephone		е		
I will not be returning to WC	(1	i.e. staying in Port	land)	~~~~~		
/		1	/			
Student Name	Signature	Tel	lephone	Date		
Emergency Contact Person	/ Relationship	/ nship Telephone		e		
I will not be returning to WC	OU with the group, I will be	i.e. staying in Port	·			