

OFF-CAMPUS EVENT NOTIFICATION AND APPROVAL FORM

Today's Date _____

Contact Person: _____ Ext: _____ Email: _____

Off-Campus Event is Being Organized by:

College/School, Department, Program _____

Name of Instructor/Event Leader: _____

Off-Campus Event Details:

Course Number: _____ Title: _____

Participation is: Required (for the class/degree/graduation) _____ Voluntary/Extra Credit _____

Off-Campus Event Name: _____

Date(s) of Activity – from: _____ to: _____ Time of Departure: _____ Time of Return: _____

Travel Destination/Area (i.e. city, county, state, country, campground, etc.): If travel includes overnight stay(s), please list the names and addresses of all accommodations:

Transportation Methods

Note: Event leaders and organizers are strongly encouraged NOT to organize transportation to the off-campus site for students, but rather to encourage students to self-organize. In cases where transportation is provided on behalf of students they shall do so in compliance with all existing campus and University travel policies and requirements.

Meet at Event ____ State Vehicle* ____ Rental vehicle* ____ Private Vehicle* ____ Public Transportation ____

** All Off-Campus Event drivers driving state, rental or private vehicles involving expenses funded by the University must be authorized state drivers. Please complete the University Driving Authorization process at www.fresnostate.edu/driving For assistance, contact EHSRM, ehsrn@mail.fresnostate.edu or (559) 278-7422.*

____ If overnight travel takes place, a signed copy of the Off-Campus Event Notification and Approval form must be sent to the Clery office, Clery@mail.fresnostate.edu.

Describe in detail the activities to be undertaken, identified potential risks and injuries that might result (attach additional pages as needed):

Signature, Off-Campus Event Leader

Signature, Chair/Dean/VP or designee