

THE UNIVERSITY OF OKLAHOMA
Norman Campus, Health Sciences Center, and Tulsa Campus

OU Registered Student Organization
Travel Within the United States Registration Form
For Out-of-State and/or Overnight Travel

Name of Registered Student Organization (RSO): _____

Name of RSO's President: _____

Name of RSO's Faculty/Staff Advisor: _____

Advisor's University Title: _____

Advisor's Administrative Unit/Department: _____

Office Phone: _____ Cell Phone: _____ E-Mail: _____

Destination(s): _____

TRAVEL DATES: Departure: _____ Return: _____

Total Number of OU Student Participants: _____

LODGING ARRANGEMENTS: (Name and Address) _____

REQUIRED DOCUMENTS TO BE SUBMITTED TO THE CENTRAL OFFICE OF STUDENT AFFAIRS:

RSO's President and Advisor must initial below that they have provided to the central Student Affairs Office for the respective campus all of the following documents as required by The University of Oklahoma Registered Student Organization Travel Policy.

President Advisor

_____ _____ List of names, OU ID Numbers, campus addresses, local phone numbers, and emergency contacts for All Participants

_____ _____ *Acknowledgement of Risk for Travel Within the United States with an OU Registered Student Organization* for All Participants

REQUIRED DOCUMENTS TO BE RETAINED BY THE RSO'S PRESIDENT AND ADVISOR:

RSO's President and Advisor must initial below that they have acquired and will keep on file the following documents as required by the University's Records Retention Policy:

President Advisor

_____ _____ *Medical Information Form* for All Participants

PRESIDENT OF RSO:

My signature below verifies that I have read The University of Oklahoma Registered Student Organization Travel Policy and affirm that this trip meets all requirements of that policy.

Name: _____ Date: _____

Title: _____ Signature: _____

RSO's FACULTY/STAFF ADVISOR:

My signature below verifies that I have read The University of Oklahoma Registered Student Organization Travel Policy and affirm that this trip meets all requirements of that policy.

Name: _____ Date: _____

Title: _____ Signature: _____

FOR STUDENT AFFAIRS USE ONLY-----

- Registered Student Organization Status Verified
- All Required Documents Have Been Received by the Central Student Affairs Office for the Respective Campus

Name: _____ Date: _____

Title: _____ Signature: _____

CENTRAL STUDENT AFFAIRS OFFICES:

Norman Campus
OK Memorial Union, Ste. 265 (OMU265)
405-325-3161
studentaffairs@ou.edu

Health Sciences Center
DLB Student Union, Suite 300
405-271-2416
students@ouhsc.edu

OU-Tulsa
Founders Student Center, Rm. 1C76
918-660-3100
TulsaSA@ou.edu