**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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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 Health Sciences Center**

OK Memorial Union, Ste. 265 (OMU265) DLB Student Union, Suite 300

405-325-3161 405-271-2416

[studentaffairs@ou.edu](mailto:studentaffairs@ou.edu) [students@ouhsc.edu](mailto:students@ouhsc.edu)

**OU-Tulsa**

Founders Student Center, Rm. 1C76

918-660-3100

[TulsaSA@ou.edu](mailto:TulsaSA@ou.edu)