

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.):

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 vehicles, or rental and/or private vehicles involving expenses funded by the University must be authorized state drivers. Authorized state drivers have met University approval through the University Driving Authorization process. Call the Office of Environmental Health and Safety and Risk Management for assistance at (559) 278-7422 or go to www.fresnostate.edu/ehs and search for "Driving on State Business".*

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