



PROPOSED EDUCATIONAL TRIP

PURPOSE:

The University provides various travel related insurance for faculty, staff and students traveling on an approved trip on behalf of the University (i.e., class required, intercollegiate sports, or academic teams). * The purpose of this form is to obtain necessary approval.

Registered Student Organizations are recognized as separate entities, not affiliated with the University and, therefore, not covered by University insurance. Refer to RSO Operational Guide & Resource Book for details.

INSTRUCTIONS:

Complete **original at least one week prior to the trip**. Secure approval of the Department Chairperson/Director. Submit the form to: RISK@cmich.edu or **Risk Management Environmental Health & Safety, 1303A West Campus Drive.**

TRIP AND TRANSPORTATION DATA

Destination:

Mode:

- Car(s) Truck Plane
- Van(s) Rental Personal
- Bus CMU Owned/Leased

Purpose:

If Personal Vehicles, name insuring agent(s):

Department of university organization sponsoring trip:

Driver(s):

CMU Employees accompanying group:

Leave Campus: Date: _____ Time: _____

Arrive Back: Date: _____ Time: _____

ALPHABETICAL LIST OF TRAVELERS ON BEHALF OF CMU (You may attach supplemental sheets (i.e. class list / roster) **DO NOT LIST SS#**)

Trip Approval:

Department Chairperson/Director – Signature

Risk Management – Signature

Department Chairperson/Director – PLEASE PRINT

Date

Date

Phone



PROPOSED EDUCATIONAL TRIP

DRIVER'S NAME

INSURED WITH

PASSENGERS/RIDERS

Has Driver been approved to drive?

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