

Student Travel Form



CONTACT INFORMATION

Name: _____

Star or Tech ID: _____

E-Mail: _____

Phone Number: _____

TRAVEL INFORMATION

Location: _____

Travel Dates: _____

EMERGENCY CONTACT INFORMATION

Name: _____

Relationship: _____

Phone: _____

AGREEMENT - Please read the below carefully and initial if you understand and agree.

1. North Hennepin Community College Student:

I acknowledge that I am serving as a representative of North Hennepin Community College (NHCC) and that I have been chosen to represent NHCC and its interests. I am enrolled in at least one NHCC course this semester. I understand that any action I take will affect people's opinion of my organization and NHCC. In accordance with the established NHCC Student Life Financial Procedures, travel requests must be submitted to Student Life no later than 3 weeks prior to departure date. Please obtain a copy of the Student Life Financial Procedures for detailed information regarding In-State and Out-of-State travel, reimbursements, meal allowances, etc.

Initials: _____

2. Travel Accommodations/Program Participation:

I agree to stay at the designated lodging accommodations afforded by NHCC (if any) and return via any transportation arranged by the College. I will attend and participate in all aspects of the program (i.e. conference, educational training sessions, etc.). I will immediately notify the designated College sponsor should an emergency preclude my ability to attend.

Initials: _____

3. College Policies:

I understand that the rules governing student responsibility and behavior as stated in the NHCC Code of Conduct are in effect for the duration of the program. I am responsible for adhering to established policies, heeding verbal and written announcements, and exhibiting reasonable and acceptable behavior at scheduled events and on excursions.

Initials: _____

4. Alcohol & Drug:

I understand that NHCC prohibits the usage, possession, manufacturing, selling, or otherwise distribution of any North Hennepin Community College is a member of the Minnesota State Colleges and Universities System and an equal opportunity employer and educator. This document is available in alternative formats to individuals with disabilities by calling 763-493-0555 or through the Minnesota Relay Service at 1-800-627-3529. North Hennepin Community College's Access Services office can be reached at 763-493-0555.

alcoholic beverage, illegal drug or any controlled substance while on-campus or while off-campus and involved in a College-sponsored activity, service, project, program, or work situation. The illegal or excessive consumption of drugs, alcohol, and/or misconduct due to drug and/or alcohol consumption will not be tolerated and will result in disciplinary action, including but not limited to dismissal from the program and judiciary proceedings.

Initials: _____

5. Drugs:

I understand that illegal drugs as determined by the laws of the United States and the State of Minnesota in any form are not tolerated. Possession or use of illegal drugs is punishable by fine or imprisonment. Student participants found using or possessing illegal drugs in any form are subject to immediate dismissal from the program.

Initials: _____

6. Health Care and Emergencies:

I understand that on rare occasions an emergency may develop which necessitates the administration of medical care or hospitalization. NHCC reserves the right to notify emergency medical services for treatment. I also authorize any official representative(s) of the program to provide any health information as appropriate. It is understood that such treatment shall be solely at my expense and I agree to reimburse NHCC for any expenses which it might suffer on account of said injury or treatment thereof. In the event of serious illness, accident, or emergency, my designated emergency contact(s), as indicated on this document, may be notified. I have given careful consideration to, and assume responsibility for, any pre-existing medical conditions that may be impacted by my participation in this program.

Initials: _____

7. Conduct and Dismissal:

My participation will be subject to all laws including United States, State of Minnesota, and any locality where I participant might be. I understand that the official representative(s) of NHCC has the right to dismiss me from the program at any time if: a) my conduct is deemed unacceptable or violates established rules of behavior; b) I violate laws, rules and regulations of the United States, the State of Minnesota, or the locality where I might be located; or c) the official representative(s) has reasonable cause to believe that my continued presence in the program constitutes a danger to the health or safety of persons, including myself, or property. I understand that a decision to dismiss from the program will be final; that separation from the program will terminate my status as a program participant; and I will remain responsible for costs incurred on my behalf. I understand that once dismissed I will not be allowed to remain in program facilities nor participate in any program activities.

Initials: _____

8. Communicating with Advisor or NHCC Campus Representative

Whenever possible a NHCC campus representative will be traveling with me. It is my responsibility to communicate with this person and to comply with their instructions and expectations of me. If there is no NHCC representative traveling with me, I will communicate with my advisor or Student Life prior to my departure.

Initials: _____

I, the undersigned, affirm that the information disclosed on this travel authorization and information form is true and correct. I also confirm that I understand and agree to the information detailed above.

Signature

Date

Participants under 18 years of age must have this release co-signed by a parent or guardian.

Parent/Guardian's Printed Name & Signature (if under 18)

Date

Student Signature

Date

Advisor Signature

Date