UNIVERSITY OF MARYLAND EASTERN SHORE

Enrollment Management & Student Experience

REQUEST FOR OFF-CAMPUS TRIP AND STUDENT ROSTER FORM

All students traveling must complete a **Waiver of Liability and Hold Harmless Agreement** prior to traveling, regardless of whether they are using University vehicles, chartered vehicles or personal transportation. **Completed forms and waivers must be submitted at least SEVEN DAYS in advance** to the Office of Enrollment Management and Student Experience via email at emse@umes.edu or in person in the Student Services Center Room 2169. **Please complete a separate form for each requested trip.**

SECTION 1: PURPOSE OF TRIP

Name of Group Traveling: _____

Contact Person: _____

Phone: _____

Person In Charge Traveling with Group: _____

Phone: _____

Date(s) of Trip:

_____

Reason for Trip:

_____

Destination: _____

CITY STATE ZIP

SECTION 2: TRANSPORTATION

Method of Transportation: UMES transportation ☐ **OR** Private Vehicle(s)

Type of UMES transportation requested: VAN ☐ CAR ☐ MINI-BUS ☐ N/A ☐

UMES Driver Requested? Yes ☐ No ☐

Charter Service: _____

Name of Company

Departure: Leaving Campus:

_____

Date and time

Return: Leaving Destination:

_____

Date and time

SECTION 3: SIGNATURES (REQUIRED)

_____ _____

Print Name: REQUESTOR **Signature: REQUESTOR** **Date**

_____

_____ _____

Print Name: APPROVER (Dept. Chair/Dean/VP) **Signature: APPROVER** **Date**

Revised April 2026

REQUEST FOR OFF-CAMPUS TRIP - STUDENT ROSTER

1. Student Name _____ ID# _____

   Emergency Contact and phone _____

2. Student Name _____ ID# _____

   Emergency Contact and phone _____

3. Student Name _____ ID# _____

   Emergency Contact and phone _____

4. Student Name _____ ID# _____

   Emergency Contact and phone _____

5. Student Name _____ ID# _____

   Emergency Contact and phone _____

6. Student Name _____ ID# _____

   Emergency Contact and phone _____

7. Student Name _____ ID# _____

   Emergency Contact and phone _____

8. Student Name _____ ID# _____

   Emergency Contact and phone _____

9. Student Name _____ ID# _____

   Emergency Contact and phone _____

10. Student Name _____ ID# _____

    Emergency Contact and phone _____

11. Student Name _____ ID# _____

    Emergency Contact and phone _____

12. Student Name _____ ID# _____

    Emergency Contact and phone _____

13. Student Name _____ ID# _____

    Emergency Contact and phone _____

14. Student Name _____ ID# _____

    Emergency Contact and phone _____

15. Student Name _____ ID# _____

    Emergency Contact and phone _____

16. Student Name _____ ID# _____

    Emergency Contact and phone _____

17. Student Name _____ ID# _____

Emergency Contact and phone _____

18. Student Name _____ ID# _____

Emergency Contact and phone _____

19. Student Name _____ ID# _____

Emergency Contact and phone _____

20. Student Name _____ ID# _____

Emergency Contact and phone _____

21. Student Name _____ ID# _____

Emergency Contact and phone _____

22. Student Name _____ ID# _____

Emergency Contact and phone _____

23. Student Name _____ ID# _____

Emergency Contact and phone _____

24. Student Name _____ ID# _____

Emergency Contact and phone _____

25. Student Name _____ ID# _____

Emergency Contact and phone _____

26. Student Name _____ ID# _____

Emergency Contact and phone _____

27. Student Name _____ ID# _____

Emergency Contact and phone _____

28. Student Name _____ ID# _____

Emergency Contact and phone _____

29. Student Name _____ ID# _____

Emergency Contact and phone _____

30. Student Name _____ ID# _____

Emergency Contact and phone _____ _____

31. Student Name _____ ID# _____

Emergency Contact and phone _____

32. Student Name _____ ID# _____

Emergency Contact and phone _____

33. Student Name _____ ID# _____

Emergency Contact and phone _____

34. Student Name _____ ID# _____

Emergency Contact and phone _____