NORTHWESTERN STATE

STUDENT GROUP TRAVEL EXCUSE FORM

Name of Event: _____

Location of Event: _____

Date(s) and Time(s) of requested excused absence:

DATE	TIME

Is this trip supported by the SGA's Organization Relief Fund? YES ☐ NO ☐

For trips lasting over 48 hours, have the Clery Act forms been completed? YES ☐ NO ☐

NOTES/OTHER INFORMATION:

NSU Faculty member(s) in charge of group or event:

NAME	PHONE

NAME OF STUDENTS (Fill in names or attach roster) __ Roster attached

APPROVED BY:

Dept. Head _____ Date _____

Dean _____ Date _____

3-18-2026