UNIVERSITY OF Cincinnati

WEEKEND AWAY FORM

You must fill out this form if you intend to spend time away from your program's location, and your activity is not one already planned as a part of the program. This way, we'll know how to contact you should the need arise. Please contact the Program Director if you are away longer than noted on this form.

Please turn the form in to the Program Director no later than two days prior to your departure for independent travel.

Your Name: _____

Date and time you anticipate leaving the program for independent travel: _____

Date and time you anticipate returning to the program: _____

Where are you going? Is there a way we can contact you should the need arise?

Which other students you will be traveling with you?

Please note that once you leave the program, you are traveling independently and the University of Cincinnati accepts no responsibility for your safety and well-being!

_____ _____

Signature Date

C:\my documents\winword\Weekendaway.doc