



College of Fine Arts

**UPDATED** Request for Approval: **DFW Off-Campus Activity or Event**

**Who must approve events and what is the process?**

All off-campus events involving students and occurring around the Dallas-Fort Worth Metroplex must first be approved by the Chair/Director before being submitted to the Dean. Please submit this form to **Tracy Rohrer** (t.rohrer@tcu.edu) in the Dean's Office once approved at the Unit level.

**Off-Campus Activities:**

- This form is for off-campus activities with students in the DFW area that are local and drivable. This includes fields trips, museum visits, performances, internships, etc. - *not* anything involving overnight travel. For overnight Domestic or International travel with students please visit the [Center for International Studies Travel Registration website](#) for information.
- All student participants must sign the **Informed Consent and Assumption of Risk Form** and the **COVID Addendum** prior to participating. These indemnification forms are provided by the [Center for International Studies](#). These must be submitted to the Dean's Office along with this approval form. The Dean's Office is responsible for maintaining a log of off-campus activities and file of forms and submitted health and safety plans.
  - If a class/group has multiple off-campus activities planned, consider collecting one set of the [indemnification forms](#) per student to encompass all the activities for the semester.
- It is essential that all activities are carried out in accordance with COVID-protocols as described by Tarrant Country authorities and TCU guidance. This can include physical distancing and the wearing of facemasks.
- Activities should include a Health & Safety plan filed with and approved by Chair/Director and the Dean with particular attention to activities that involve engagement with the community. Review events prior to the date to ensure adherence to current TCU Health and Safety guidance *at the time of the activity*. Check [TCU Health and Safety guidance](#) for the most up-to-date information.

**Cancellation Policy:**

- All approved activities are subject to modification depending on current conditions and health and safety guidance.

## College of Fine Arts Request for Approval: Off-Campus Activity or Event

<b>Name of Activity:</b>							
This activity is scheduled during:							
Spring	Summer	Fall	*Activities may be submitted for consideration, but approval is pending guidance by the University and subject to change. Be prepared to adjust/cancel accordingly.				
<b>Sponsoring Department or Unit:</b>							
<b>Description of Activity:</b>							
<b>Date(s) of Activity:</b>		<b>Time (Start/End):</b>					
<b>Location of Activity:</b>							
Briefly describe why the location and timing of this event is consistent to the mission of the University or to ensuring academic continuity for participants:							
<b>Anticipated Number of Participants:</b>	<b>Students:</b>	<b>Employees:</b>					
<b>Description of Student Participants (attach a list if additional space is required)</b>							
<b>Please identify TCU employees involved and leaders/facilitators (with title or description)</b>							
<b>Will any participants or vendors be in attendance who are not affiliated with TCU (student/employee)?</b>			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">YES</td> <td style="width: 25%;"></td> <td style="width: 25%; text-align: center;">NO</td> <td style="width: 25%;"></td> </tr> </table>	YES		NO	
YES		NO					
<b>If YES, please describe:</b>							
<b>Please provide a brief itinerary:</b>							

Does participation in the activity require travel/transportation?	YES		NO	
If yes, please describe (private car alone or with others, charter bus, etc.)				

Please provide a health & safety plan:

**I request approval for this activity or event:**

Organizer Name (printed):

Date:

***Chair/Director:***

I have reviewed the activity proposal including the health and safety plan. I approve this activity, noting that this activity proposal:

- is mission critical.
- is consistent with the priorities of the College.
- adheres to current University and state and local guidance for health and safety and permitted activities.

**Chair/Director Signature of approval:**

Date:

***Dean:***

<b>Dean Signature:</b>		Date:
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Space for notes or caveats included with approval: