



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 [TCU Global Registration Travel website](#) for information.
- All student participants must sign the **Off-Campus Informed Consent Assumption of Risk Form** prior to participating. This indemnification forms is provided by [TCU Global](#). 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.
 - 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. Each activity, with dates, must be listed in the comments section or as an attached document.

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

Name of Activity:			
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.
Sponsoring Department or Unit:			
Description of Activity:			
Date(s) of Activity:		Time (Start/End):	
Location of Activity:			
Anticipated Number of Participants:		Students:	Employees:
Description of Student Participants (attach a list if additional space is required)			
Please identify TCU employees involved and leaders/facilitators (with title or description)			
Will any participants or vendors be in attendance who are not affiliated with TCU (student/employee)?		YES	NO
If YES, please describe:			
Please provide a brief itinerary:			
Does participation in the activity require travel/transportation?		YES	NO
If yes, please describe (private car alone or with others, charter bus, etc.)			

I request approval for this activity or event:

Organizer Name (printed):

Date:

Chair/Director:

I have reviewed and approve this activity, noting that this activity proposal:

- is mission critical.
- is consistent with the priorities of the College.

Chair/Director Signature of approval:

Date:

Dean:

Dean Signature:	Date:
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Space for notes or caveats included with approval: