



Seminole Tribe of Florida Education Department

Over Night College Visit Request Form (Complete and submit to Education Academic & Career Advisor)

STUDENT INFORMATION

First Name: _____ Last Name: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____

Date of Birth: _____ Member #: _____

Reservation: **BC BR FP HW IM NA TP TR NR**

If NR, what is your original reservation? _____

STUDENT EDUCATIONAL INFORMATION

Completed High School Diploma or GED: Yes No

(If No); Name of Current School: _____

Current Grade Level: _____ Current GPA: _____ Number of Absences: _____ (year-to-date)

SAT/ACT scores (if available): _____

*Educational Background verification needed – Education Department Advisor provides with signature on cover page

PARENT OR GUARDIAN INFORMATION (high school student and/or 18 & under ONLY)

Name: _____ Relationship: _____

Phone #: _____ Email: _____

SCHOOL(S) INFORMATION

I. College/University: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Accreditation (verified by Advisor): _____
(Accrediting body of the College/University)

II. College/University: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Accreditation (verified by Advisor): _____
(Accrediting body of the College/University)



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PLEASE ANSWER THE FOLLOWING

1. Why do you want to visit this (these) particular school(s)?

2. What programs are you interested in?

3. Have you considered the requirements of the school? How do you plan on meeting those requirements?

(Traveling Overnight Requirements)

*Overnight arrangements will be made for travel exceeding 200 miles beyond the traveler's home, and overnight arrangements may not exceed 3 business days (2 nights).

*Drug Screening is **required** for student and accompanying adult (parent, guardian, chaperone) – **30 days in advance** of the departure date.

* Confirmation from the institution is **required** for the trip and must be submitted with the application.

*If student/parent/guardian fails to show up on the day of travel without notice, or cancels the trip for reason(s) not approved by the Center for Student Success and Services (other than an emergency), the student/parent/guardian must re-imburse the Education Department of all cost(s).

*All communication regarding cancellation or withdrawal from a trip must be sent to the Education Department within 7 business days prior to departure. Documentation must be submitted with request.



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Traveling Information

Airline

Dates of visit (including travel), Depart: _____ Return: _____

Connecting Flight: From: _____ To: _____

Outgoing Airport Flight: From: _____ To: _____

Return Airport Flight: From: _____ To: _____

*Preferred Airline: _____

Vehicle

Rental Vehicle Request: Yes No

Hotel Accommodations (student must be at least 21, if not, chaperone needed)

Hotel Request: Yes No * *If Yes*, Closest to: Airport School

*Preferred Hotel: _____

Traveling Chaperone (18 and under is mandatory; 19 & 20, needed for hotel accommodations)

Name: _____ DOB: _____

Relationship to student: _____ Phone #: _____

Driver License #: _____ Email: _____

Title of Staff (*If Staff is traveling*): _____

(Office Use ONLY)

Over Night College Visit Request Staff Form

Copy of Schedule/Registration for college visit Yes No

Is the student traveling alone? (Must be 21 for hotel) Yes No

Is the student traveling with a non-staff chaperone? Yes No

Is the student traveling with a staff member? Yes No