



## Over Night College Visit Request Form Higher Education & K12 Program(s)

### Cover Page

Student: \_\_\_\_\_ Date: \_\_\_\_\_

### Student Check Below

Student has met with Higher Education **or** K12 Academic & Career Advisor regarding this Travel Request; communication and planning are under way for successful trip. **Name of Advisor:** \_\_\_\_\_

Student has NOT met with Higher Education **or** K12 Academic & Career Advisor. Student needs to set up an appointment to meet with advisor in order to ensure a successful trip. **Date of appointment:** \_\_\_\_\_

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**(Office Use ONLY)**

### Necessary Signatures

K12 Academic & Career Advisor: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Necessary for verification of high school educational credentials AND if student is 18 or under)*

Higher Education Academic & Career Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Higher Education Program Manager: \_\_\_\_\_ Date: \_\_\_\_\_



## 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)



## Seminole Tribe of Florida Education Department

### PLEASE ANSWER THE FOLLOWING

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

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2. What programs are you interested in?

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

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### (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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## Seminole Tribe of Florida Education Department

### Traveling Information

#### Airline

Dates of visit (including travel), Depart: \_\_\_\_\_ Return: \_\_\_\_\_

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