**TIME AWAY FORM**

**PROGRAM NAME:** ________________________

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 in the form to the program director no later than two days prior to departure each time you intend to leave 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:

________________________________________________________________________

Please tell us where you are going, and if there is a way we can contact you should the need arise:

________________________________________________________________________

Please tell us which other students you will be traveling with:

________________________________________________________________________

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.

Participant's Name (printed) ________________________ Date

Participant's Name (signature) ________________________ Date