**Creighton University**
Global Engagement Office

**Non-Participant Traveler Exception Application**

Minor children, family members or others who are not approved participants in a Creighton University travel program are not permitted to participate in, or accompany the group on the trip. Leaders may contact the Global Engagement Office to apply for an exception. For an exception to be considered there must be a clear plan outlining the activities of non-Creighton participants. No Creighton University funds may be approved for non-Creighton participants, and special documentation may be required.

Please complete the application information requested below, print, sign, and send to René Padilla, PhD, Executive Director, Global Engagement Office at rpadilla@creighton.edu or Creighton Hall 324.

|  |  |
| --- | --- |
| Applicant Name: |  |
| Date of Application:  |  |
| FLPA / Program Title: |  |
| Faculty Leaders: |  |
| FLPA / Program dates: |  |

***(Please fill out a separate form for each participant)***

|  |  |  |
| --- | --- | --- |
| Non-participant | Name: |  |
|  | Date of Birth: |  |
|  | Relationship to Applicant: |  |

|  |
| --- |
| **Plan of activities or for care / supervision of non-participants while FLPA faculty leader is engaged in the FLPA experience (include how emergencies will be managed):** |
|  |

|  |
| --- |
| **Will non-participants be included in any part of FLPA activities with students?  If yes, please describe how.** |
|  |

|  |
| --- |
| **Will any non-participants expenses be covered through FLPA moneys? (If yes, describe)** |
|  |

|  |
| --- |
| **Will non-participants purchase Creighton’s travel insurance? *(Creighton University’s Travel Insurance is not available for children under the age of 13. If approved, there must be demonstration of purchase of independent travel insurance for non-participants).*** |
|  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Applicant / First FLPA Leader Signature Second FLPA Leader Signature