



- NORTH CAMPUS
- MEDICAL CENTER CAMPUS
- HIALEAH CAMPUS
- KENDALL CAMPUS
- HOMESTEAD CAMPUS
- WOLFSON CAMPUS
- INTERAMERICAN CAMPUS

Chaperone Form

Organization Name _____

Event _____

Date(s) _____

Location _____

Chaperones:

_____	_____
_____	_____
_____	_____
_____	_____

Club Advisor or Lead Faculty/Staff Chaperone Date

Department Supervisor Date

Director of Student Life Approval Date

Dean of Student Affairs Approval Date