

Travel Risk Review Alcohol Exception Request

Requestor Contact Information

- 1. Requestor Name**
- 2. Requestor Department**
- 3. Requestor Email**

Alcohol Event Information

- 1. What is the name of the sponsoring department or unit?**
- 2. Description or Name of Alcohol Included Event**
- 3. Program Location**
- 4. Program Leader(s) Name(s) and Title(s)**
- 5. Will undergraduate students consume alcohol at the event?**
- 6. *After reviewing both the Drexel University Alcohol Policy and the associated Drexel Global Alcohol Policy, please indicate why the exception should be granted (please address the academic necessity for the consumption of alcohol).***
- 7. *The must be at least one alcohol free Drexel Faculty/Staff member on site. Please indicate that person's name.***
- 8. Submission of this document serves as understanding of the following:**
 - All pertinent laws, regulations, and university rules regarding alcoholic beverages will be observed and strictly enforced.
 - The area where the alcohol is being served will be monitored to ensure that only invited guests participate in the event, and that all alcohol consumption is limited to one drink.
 - Faculty and chaperone staff may not consume alcohol when supervising students, in any situation. No exception.
 - All information provided in this request is true and accurate.

9. Acknowledgement *

As the requester, and the person responsible for the request, I agree that I have read and will comply with the above listed acknowledgement statements. I understand that this request must be approved by departmental leadership and that the department is responsible for ensuring that Faculty Leaders, Staff Leaders, and Chaperones comply with the above policy. I understand that without Drexel Global approval, this exception request is considered “declined” and I may not engage in any alcohol activity described herein, or other.

Signature:

Name:

Title:

Department Leadership Approval

Signature:

Name:

Title:

Global Safety and Operations Approval

Signature:

Name:

Title: