

For CE Office USE ONLY
Programs for Minors Training
Date Completed:

## **Camps and Programs for Minors Application**

Any University Department holding a program that involves minors must submit the proper documentation to the Office of Continuing Education as per Rule 24.01.06 and SAP 24.01.06. L1.01. This includes Grants that involve minors. All Determination Forms must be signed & approved by Department Head, Dean, or Vice President. Program Director or designee must attend the Program for Minors Training on a yearly basis. All blanks must be filled in:

1. Department Name: 2. Program Name: \_\_\_\_\_\_ 3. Program Director: \_\_\_\_\_ \_\_\_\_\_ Email: \_\_\_\_\_ Office Number: \_\_\_\_\_ Cell Phone: \_\_\_\_ 4. Billing Address: 5. Program Dates: \_\_\_\_\_ 6. **Program Times**: \_\_\_ 7. Will the program for minors be held for more than 2 consecutive days or for more than 1 non-consecutive day with the same student population? \_\_\_ Yes \_\_\_ No Total Number of Days: \_\_\_\_\_ 8. Participants Age: \_\_\_\_\_ Number of Personnel: 9. Number of Participants: \_\_\_ (\*Consult Program for Minors Manual for ratio) 10. Will all minors be under the direct supervision of TAMIU and/or TAMIU employees? \_\_\_\_ Yes \_\_\_\_ No If no, please explain and provide supervisor's name, and contact information. 11. Will the program for minors require overnight stay? Yes \_\_\_ No If yes, please explain and give arrangement details. 12. Please give a detailed description of this program for minors. Program Director Signature: Date: Printed Name: Department Head/Dean/VP: Printed Name: \_\_\_\_

Determination request will be reviewed and Program Director will be notified within one week. All documentation must be submitted 1 week prior to commencement of program/camp/clinic. No Program/Clinic/Camp will be approved/allowed to commence without authorization.