

CUNY OFF-CAMPUS STUDENT TRAVEL APPROVAL FORM

The Off-Campus Student Travel Approval Form must be completed by the Trip Sponsor and submitted to the Chief Student Affairs Officer for student organization travel or to the Chief Academic Officer for academic (class) related travel a minimum of one (1) month prior to travel. All organized travel is expected to follow the CUNY Student Domestic Trip and Travel Guidelines. These Guidelines can be found at http://www.cuny.edu/academics/programs/international/faculty.html. This Form must be approved by the Chief Student Affairs Officer or the Chief Academic Officer in order for travel to commence.

To Be Completed by the Trip Sponsor.

Type of Trip: □ Ad	cademic	Field Trip 🚨 Student Org	anization Trave	el 🛭 Other:	
Name of Department	/Student	t Club/Organization:			
If the trip is Academic	c, identif	y the Course and Section:			
Trip Sponsor Name:		(please print legibly)	Status:	☐ Faculty	☐ Staff
Title of Trip Sponsor:					
Name of College:					
Cell Phone:	()			
Alternative Phone:	()			
Email:					
		(most frequently checked ema	ail address)		
	Vo", ple	mpanying participants on the ase fill out the next page terson.)		-	

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have more than one trip is no trip chaperone, pro	chapero	ne, pleas	e attach a	n additional	l page with		,
Choose One: 🗅 Trip	Chaperor	ne 🗆	Trip Cor	ntact Persor	า		
Name of Trip Chaperon	ne/Trip Co	ntact Per	son:	(5)			
Title of Trip Chaperone	/Trip Con	tact Perso	on:				
Name of College:							
Are you a club officer?	☐ Yes	□ No	If yes, w	hich office:			
Cell Phone:	()					
Alternative Phone:	()					
Email:							
	mail: (most frequently checked email address)						
			·				
Approval (Signatures	Required	d)					
By signing, I certing proposed activity				Trip and T	ravel Gui	<u>delines</u> and a	gree that the
Name of Trip Sp	onsor						
Signature of Trip	Sponsor					Date	
The attached Off- Academic Officer					is hereby	approved by	the Chief
Name of Chief A	cademic	Officer or	Chief Stu	dent Affairs	Officer		
Signature of Chief Academic Officer or Chief Student Affairs Officer					Date		

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Destination of Travel/Event/Activity:								
Description of Travel/Ev	vent/Activity:							
Purpose of Travel:								
Number of Students:								
Dates of Travel:	Departing	Day:			Time:			
	Returning	Day:			Time:			
Transportation (<i>Check all that apply</i>): Car Rental Train Plane University Vehicle Contracted Bus Service Other								
Transportation Details (<i>Please provide relevant details</i>): Driver's Name: DMV Number of Driver: Rental Service:								
Name of Bus/Train/Airline Co.: Flight/Train Number(s):								
Will the travel require of (If yes, please complete)	vernight lodging	? [⊒ Yes	□ No	(/			
Name of Accommodation	on:							
Type of Accommodation	n: 🖵 Hote	el (☐ Hostel	☐ College Res	idence Hall			
	☐ Retr	eat Cente	er 🗅 Pers	sonal Home	☐ Conference Center			
	☐ Othe	er ₋						
Phone:	()							
Address:								
	City:			_ State:	Zip:			

Please attach a complete trip itinerary and any other relevant attachments.

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^{*} Attach additional sheets as necessary.