

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 six (6) weeks prior to travel. All organized travel is expected to follow the CUNY Student Domestic Trip and Travel Guidelines. These Guidelines can be found at jjay.cuny.edu. 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 (Check One): Individual Group Other: _____

If the trip is affiliated with Academic Affairs, identify the Course and Section: _____

If this trip is affiliated with Student Affairs or Other, identify club or administrative unit:

Trip Sponsor Name: _____ Status: (check one): Faculty Staff

Title of Trip Sponsor: _____

Name of College: _____

Cell Phone: _____

Alternative Phone: _____

Email: _____

All college sponsored/affiliated group trips (CUNY Trips) are required to be accompanied by a Trip Chaperone as outlined in the CUNY Student Domestic Trip and Travel Guidelines. If you have more than one chaperone, please attach an additional page with complete information. If there is no chaperone, provide the information for the Trip Sponsor.

Name of Trip Chaperone: _____

Title of Trip Chaperone: _____

Name of College: _____

Cell Phone: _____

Alternative Phone: _____

Email: _____
(most frequently checked email address)

Destination of Travel/Event/Activity: _____

Name of Travel/Event/Activity: _____

Describe Nature of Activities Involved in Trip: Specifically highlight any high-risk activities:

Purpose of Travel: _____

Number of Students Attending: _____

Number of Students under 18: _____

Dates of Travel: Departing Day: _____ Time: _____

Returning Day: _____ Time: _____

Transportation (Circle all that apply): Car Rental Train Plane University Vehicle
Contracted Bus Service Other _____

Transportation Details: (Please Provide Relevant Details):

Driver's Name (if University vehicle, rental or private car): _____

If a University vehicle, car rental or private vehicle, does the drive meet the minimum requirements defined by the Vehicle Use Policy (Fleet Management Policy): Yes _____ No _____

