



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 jiay.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, ide	ntify the Course and	Section:		
If this trip is affiliated with	h Student Affairs or Ot	her, identify club or	administrative u	nit:	
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 Chaperon	ie:					
Title of Trip Chaperone	:					
Name of College:		-			<u></u>	
Cell Phone:						
Alternative Phone:						
Email:	(ı	(most frequently checked email address)				
Destination of Travel/E	vent/Activity:					
Name of Travel/Event/	Activity:					
Describe Nature of Acti	vities Involved in T	Trip: Specificall	y highlight a	ny high-ris	k activities:	
Purpose of Travel:						
Number of Students At	tending:					
Number of Students un	der 18:					
Dates of Travel:	Departing	Day:			Time:	
	Returning	Day:			Time:	
Transportation (Circle	all that apply):	Car Rental	Train	Plane	University Vehicle	
		Contracted B	us Service	Other _		
Transportation Details:	(Please Provide Re	elevant Details)):			
Driver's Name (if Unive	ersity vehicle, renta	l or private car):			
If a University vehicle, of defined by the Vehicle I	•	,			mum requirements	







Rental Service:					
Name of Bus/Train/A	irline Co:				
Flight/Train Number((s):				
Will the travel require	overnight lodging? (If yes	, please complete t	the next section)	Yes	No
Name of Accommodat	tion:				
Type of Accommodati	on: Hotel	Hostel College Resident Hall			
	Retreat Center Other:	Personal		Conference (Center
Phone: _					
Address: _					
Ci	ty:	State: _	Zip:		
APPROVAL (Sign By signing, I certify activity satisfies all r	atures Required) I have read the Domestic T	•	idelines and agre	-	proposed
Name of Trip Spons	or		ip Sponsor		
The attached Off-Ca Officer or Chief Stud	mpus Student Travel Appı lent Affairs Officer.	oval Form is here	by approved by t	he Chief Aca	ademic
Name of CAO or CSA	A Officer	Signature of CA	AO or CSA Office	r Date	
FOR SAA BUSINI	ESS OFFICE USE ONLY	7			
Total Travel Amoun	t Approved: \$	Date	e Approved:	_//_	
SAA Business Ma	nager Signature		D	ate	

