

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: Academic Field Trip Student Organization Travel Other: _____

Trip Sponsor Name: _____
(please print legibly)

Name of College: _____

Cell Phone: () _____

Alternative Phone: () _____

Email: _____
(most frequently checked email address)

If the trip chaperone is different from the trip sponsor, please complete the following information. If you have more than one trip chaperone, please attach an additional page with complete information. If there is no trip chaperone, provide the information for the trip contact person.

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

(most frequently checked email address)

Approval (Signatures Required)

By signing, I certify I have read the **Domestic Trip and Travel Guidelines** and agree that the proposed activity satisfies all requirements.

Name of Trip Sponsor

Signature of Trip Sponsor

Date

The attached Off-Campus Student Travel Approval Form is hereby approved by the Chief Academic Officer or Chief Student Affairs Officer.

Name of Chief Academic Officer or Chief Student Affairs Officer

Signature of Chief Academic Officer or
Chief Student Affairs Officer

Date

Destination of Travel/Event/Activity: _____

Description of Travel/Event/Activity: _____

Purpose of Travel: _____

Number of Students: _____

Dates of Travel: Departing Day: _____ Time: _____

Returning Day: _____ Time: _____

Transportation (*Check all that apply*): Car Rental Train Plane

University Vehicle Contracted Bus Service

Other _____

Transportation Details (*Please provide relevant details*): Driver's Name: _____

DMV Number of Driver: _____ Rental Service: _____

Name of Bus/Train/Airline Co.: _____ Flight/Train Number(s): _____

Will the travel require overnight lodging? Yes No

(*If yes, please complete the next section.*)

Name of Accommodation: _____

Type of Accommodation: Hotel Hostel College Residence Hall

Retreat Center Personal Home Conference Center

Other _____

Phone: () _____

Address: _____

City: _____ State: _____ Zip: _____

* *Attach additional sheets as necessary.*

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