

REQUEST TO TRAVEL

All off campus travel must be approved by the Office of Student Life, Dean of Student Affairs and the Office of the President. The form below must be filled out completely. Completion of this form does not guarantee approval of off campus travel. Form must be submitted to C-123 at least 15 business days prior to travel date. **All students participating in overnight travel MUST complete the online SPARC training prior to submission of this form. Certificates of completion must be submitted along with the form.**

Club/Organization: _____

Name of individual completing form: _____ Position: _____

Phone: _____ Email: _____

Location of Trip: _____

Date(s): _____ Time: _____

Est. Attendance Students: _____ Faculty/Staff: _____

Purpose of Trip: _____

Mode of Transportation: _____

Chaperones: _____

There must be (1) full-time KCC faculty/staff member on the trip for every (25) students.

Travel Cost Breakdown

Source of Funds (which budget): _____

Transportation Cost: _____ Admission: _____

Registration: _____ Lodging: _____

Food: _____ Other: _____

Total Cost of Trip: _____ Cost Per Individual (Total Cost ÷ Attendees): _____

Ticket Fee Per Person (how much are you charging attendees): _____

If the "Cost Per Individual" is greater than \$100, students are required to pay at least \$10 or amount above \$100, whichever is greater. Non-KCC students (including Faculty or Staff not serving as chaperones) attending the trip must pay the full "Cost Per Individual".

Additional Notes: _____

For Office Use Only:

Director of Student Life: _____ Dean of Student Affairs: _____

President: _____

Notes/Stipulations: _____

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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: Group Individual Other: _____

Division: Student Affairs Academic Affairs 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 (circle one): Faculty Staff Other
(please print legibly)

Title of Trip Sponsor: _____

Name of Institution: _____

Cell Phone: () _____

Alternative Phone: () _____

Email: _____
(most frequently checked email address)

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.

Trip Chaperone: _____
(Please print legibly)

Title of Trip Chaperone: _____

Name of College: _____

Cell Phone: () _____

Alternative Phone: () _____

Email: _____
(most frequently checked email address)

Destination of Travel/Event/Activity: _____

Description of Travel/Event/Activity: _____

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

Purpose of Travel: _____

Anticipated Number of Students: _____

Anticipated Number of Students under 18: _____

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 (if University vehicle, rental or private car): _____

If a University vehicle, car rental or private vehicle, does the driver meet the minimum requirements defined by the Vehicle Use Policy Yes_____ No_____

Anticipated Rental Service: _____

Name of Anticipated Bus/Train/Airline Co.: _____

Anticipated Flight/Train Number(s): _____

Will the travel require overnight lodging? Yes No
(If yes, please complete the next section.)

Name of Anticipated 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.

Approval (Signatures Required)

By signing, I certify I have read the **CUNY Student 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