

REQUEST TO TRAVEL

All off campus travel must be approved by 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.

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 Costs

Source of Funds: _____

Transportation: _____ Admission: _____

Registration: _____ Lodging: _____

Food: _____ Other: _____

Total Cost of Trip: _____ Cost Per Individual: _____

Ticket Fee Per Person: _____

Students must contribute at least \$10 towards the cost of his/her ticket or cover the "Cost Per Individual", whichever is less.

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

Additional Notes:

For Office Use Only:

Director of Student Life: _____ VP for Student Affairs: _____

Approved: _____ Denied: _____ Date: _____

President: _____

Notes/Stipulations: _____

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: _____

Name of Department/Student Club/Organization: _____

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

Trip Sponsor Name: _____ Status: Faculty Staff
(please print legibly)

Title of Trip Sponsor: _____

Name of College: _____

Cell Phone: () _____

Alternative Phone: () _____

Email: _____

(most frequently checked email address)

Will the trip sponsor be accompanying participants on the Travel/Event/Activity?: Yes No

(If you responded "No", please fill out the next page to provide the contact information for the Trip Chaperone or Trip Contact Person.)

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.

Choose One: Trip Chaperone Trip Contact Person

Name of Trip Chaperone/Trip Contact Person: _____
(Please print legibly)

Title of Trip Chaperone/Trip Contact Person: _____

Name of College: _____

Are you a club officer? Yes No If yes, which office: _____

Cell Phone: () _____

Alternative Phone: () _____

Email: _____
(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.