

New York City College of Technology

The City University of New York

This form must be completed
by the person/advisor
sponsoring any off-campus
travel.

Travel Authorization Form for Off-Campus Student Travel

The Travel Authorization Form for Off-Campus Student Travel **MUST** be completed by the **Trip Sponsor** and submitted to the Office of Student Affairs for student organization travel or to the Office of the Provost for academic (class) related travel a minimum of ten (10) business days prior to travel. All organized travel is expected to follow the CUNY Student Travel guidelines. These Guidelines can be found at the Office of the Chief of Student Affairs Officer. **In addition to this Travel Authorization Form completed by the trip sponsor, each student must complete an Off-Campus Travel Waiver and Release Form.**

Please Note: High-risk activities (as determined by the University/College), e.g. spelunking, white-water rafting, may require additional documentation and approval.

To Be Completed by the Trip Sponsor.

Trip Sponsor Name: _____ Title (circle one): Faculty Staff Student
(please print legibly)

College Affiliation: _____

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

Cell Phone: () _____

Alternative Phone () _____

Email: _____
(Most frequently checked email address)

Address: _____
City: _____ State: _____ Zip: _____

Destination of Travel: _____

Event/Conference/Activity: _____

Purpose of Travel: _____

Number of Travelers: _____

Dates of Travel: Departing Day: _____ Time: _____
Returning Day: _____ Time: _____

Transportation (Please Check One): Personal Vehicle Car Rental Train Plane
 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: _____

All college sponsored/affiliated trips are required to be accompanied by a chaperone as outlined in the Domestic Trip and Travel Guidelines. Please complete the following information about the (trip) chaperone. 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 University contact.

Chaperone/Trip Sponsor: _____
(Please print legibly)

Affiliation to Organization/College: _____

Phone: () _____

Alternative Phone () _____

Email: _____
(Most frequently checked email address)

Address: _____

City: _____ State: _____ Zip: _____

Will the travel require overnight lodging? Yes No If yes, please complete this 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.

Contact Information During the Trip

Phone number you can be reached during event:

() _____

Destination Phone Number () _____

Chaperone Cell Number () _____

E-mail Address _____

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

The following information must be completed for each student who will be attending the event/trip. (Attach additional sheets as necessary.)

Name: _____
(Please print legibly)

CUNY ID: _____

Cell Phone: () _____

In case of emergency, notify:

Name: _____

Relationship: _____

Phone number: () _____

Name: _____
(Please print legibly)

CUNY ID: _____

Cell Phone: () _____

In case of emergency, notify:

Name: _____

Relationship: _____

Phone number: () _____

Name: _____
(Please print legibly)

CUNY ID: _____

Cell Phone: () _____

In case of emergency, notify:

Name: _____

Relationship: _____

Phone number: () _____