KingsboroughCommunityCollege Office of StudentLife Phone:718.368.5597-Fax:718.368.4801

REQUESTOTRAVEL

All off campus



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:// ± W 4 ÊLZ•ä!_ä] 5ë \$Uu4 ¿i-ñ R SA •

		Student Organiz	ation Trave	• Other:	
Name of Department/	Student	Club/Organization:			
If the trip is Academic	, identify	the Course and Section:			
Trip Sponsor Name:		(please print legibly)	Status:	• Faculty	• Staff
Title of Trip Sponsor:					
Name of College:					
Cell Phone:	()			
Alternative Phone:	()			
Email:					
		(most frequently checked email ad	dress)		

Chaperone or Trip Contact Person.)

have more than	n one trip chaperone, p	he trip sponsor, please complete lease attach an additional page mation for the trip contact perso	e the following information. If you with complete information. If there n.		
Choose One:	Trip Chaperone	Trip Contact Person			
Name of Trip C	Chaperone/Trip Contact	Person:	T 1001293.216	T 1001293.21638.86 Tm [()-7	

Destination of Travel/E	vent/Activity:				
Description of Travel/E	vent/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	
•	ehicle • Cor				
	(Please provide			V 1DPH ВВВВВВВВ	B B B B B B B B
DMV Number of Driver	·	Renta	al Service:		
Name of Bus/Train/Airli	ne Co.:		Flight	/Train Number(s):	
Will the travel require o			es • No)	

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