



Individual International Travel Application Checklist Form

Student Travel Committee

Student Activities Association, Inc.

The Individual International Travel Application Checklist Form serves as an overview of forms that are required for submission. The maximum allocation for individual students interested in attending an event is \$1,500. Students are required to have their international travel verified by the Office of International Studies & Programs at thirty (30) days prior to application deadline. Please contact Kenneth Yanes, Deputy Director at kyanes@jjay.cuny.edu or call 212-484-1339 before applying.

Individual Trip Form

Purpose of Travel

The description must include the concept or purpose of the event/activity, and how it relates to your career goals/course of study.

Quote(s) for Registration Cost, Transportation Cost, & Hotel Cost

No purchase necessary. Supporting documentation for cost must come directly from company (i.e. jet blue website, Amtrak website, conference website, hotel website & etc.).

Schedule of the Activity/Itinerary

Student must provide a schedule related to their activity (i.e. conference schedule or program schedule)

Unofficial Transcript

Students must submit a copy of their unofficial transcript. All first semester students are required to submit an unofficial transcript from their previous institution.

Copy of a valid passport and School ID with valid semester sticker

Individual Presentation Agreement Form

The Student Travel presentation requirement is a mandatory two-part process. The first part requires the creation of a photo PowerPoint presentation with at least 10 slides and the second part requires posting four pictures or one 15 second video to social media.

Faculty or Staff Recommendation Letter

A faculty, or staff member, must submit a letter of recommendation.

Commitment Letter

Proof of Travel Insurance

All trip participants must have international medical and travel insurance coverage for the following benefit areas: accident/medical, evacuation for medical or security reasons, and repatriation of remains. Kenneth Yanes will enroll student participants in CUNY's comprehensive travel insurance policy through Cultural Insurance Services International (CISI). Proof of travel insurance must be submitted prior to travel being booked.



Travel Activity Registered with CUNY

All trip participants traveling internationally is required to consult with Kenneth Yanes to be aware of any Department of State travel warnings or alerts and CDC travel notices in effect for the area of planned travel. The Office of International Studies & Programs is required to register the planned trip of students traveling internationally with CUNY.

International Travel Participation, Waiver, and Emergency Contact Form

This form must be submitted to the Office of International Studies & Programs.

CUNY International Trip Proposal Form

The trip proposal form is required for international trips that have CUNY Faculty or staff attending. Kenneth Yanes will complete form on student's behalf.



Individual Trip Form

Student Travel Committee

Personal Information

Name: _____ GPA: _____
Credits Completed: _____ Undergraduate/Graduate: _____
Major: _____
Phone Number: _____ Email: _____

Emergency Information

Emergency Contact: _____
Last Name First Name
Relationship: _____
Emergency Home Number: _____ Emergency Cell Number: _____

Event Details

Date(s) of Activity: _____ Destination of Activity: _____
Name of Activity: _____
Are you traveling with staff or faculty? Yes No Trip Chaperone Name: _____
Trip Chaperone Email: _____ Trip Chaperone Phone: _____

Transportation Details

Mode of Transportation: _____ Name of Company: _____

Hotel Details

Name of Hotel: _____ Phone # _____
Address: _____
City: _____ State: _____ Zip: _____

Total Amount Requesting: \$ _____

Official Use

Approved Amount \$ _____

Reason Not Approved:



Travel Activity Criteria

Student Travel Committee

Student Activities Association, Inc.

The *Purpose of Travel* section within the individual and group application must include the concept or purpose of the event/activity, and how it relates to the individual or group career goals/course of study. The student Travel Committee will rate applicants on the following...

Total Rating Points	Travel Activity Criteria		
	Format and Structure	Reasoning	Goals
9-10	<ul style="list-style-type: none"> • Purpose statement is well-organized, clear and concise • No grammatical errors • Typed 	<ul style="list-style-type: none"> • Clearly expresses the significance of activity. 	<ul style="list-style-type: none"> • Activity has a direct relation to the applicant's academic/professional goals.
7-8	<ul style="list-style-type: none"> • Purpose statement is organized, clear and concise • Few grammatical errors • Typed 	<ul style="list-style-type: none"> • Clearly expresses the significance of activity. 	<ul style="list-style-type: none"> • Activity has a direct relation to the applicant's academic/professional goals.
5-6	<ul style="list-style-type: none"> • Purpose statement is organized, clear and concise • Few grammatical errors • Hand written 	<ul style="list-style-type: none"> • Provides some explanation of activity significance. 	<ul style="list-style-type: none"> • Activity has little relation to the applicant's academic/professional goals.
3-4	<ul style="list-style-type: none"> • Somewhat organized, repetitive and displays little clarity in the purpose statement. • Few grammatical errors • Hand written 	<ul style="list-style-type: none"> • Provides some explanation of activity significance. 	<ul style="list-style-type: none"> • Activity has little relation to the applicant's academic/professional goals.
1-2	<ul style="list-style-type: none"> • Poorly organized, not clear, and repetitive purpose statement. • Numerous grammatical errors • Hand written 	<ul style="list-style-type: none"> • Does not explain the significance of the proposed activity. 	<ul style="list-style-type: none"> • Activity has no connection to the applicant's academic/professional goals.



Purpose of Travel

TO: Student Travel Committee (STC)
FROM: _____
DATE: _____
SUBJECT: _____

Description of Activity

The description must include the concept or purpose of the event/activity, and how it relates to your career goals/course of study. Please read travel activity criteria before completing this section.

*****For more space please attach additional paper.**



Faculty or Staff Recommendation Letter
 Student Travel Committee
 Student Activities Association, Inc.

I, _____, support the following student or students

_____ to attend the following event _____
 on the date(s) of _____ in _____ (city/state).

How long have you known the applicant? (Years/Months)

What is your overall opinion of the applicant's qualifications?

 Faculty/Staff Print Name

 Date

 Faculty/Staff Sign Name

 Date

_____/_____
 Department Name Extension

 Email Address

By signing this form, you are indicating that you know this student and believe that assisting this student with a travel opportunity would be beneficial to their John Jay College experience. This form does not hold you responsible for any claims, damages, or liability arising from or related to the trip activity of this student.



Commitment Letter
Student Travel Committee
Student Activities Association

I, _____, acknowledge that if I'm approved for funding by the Student Travel Committee. I understand that I am responsible for paying the remaining amount of the event, if the total cost of the event exceeds the approved amount by the Student Travel Committee. If I am unable to pay for the remaining balance, I will notify the Student Travel Coordinator prior to reservations being made by the Student Travel Coordinator for the approved amount. Any cancellations, after booking, may result in me being responsible for all booking fees and I must reimburse the Student Activities Association, Inc.

Signature Student Name

Date



Individual Presentation Agreement Form

Student Travel Committee

Student Activities Association, Inc.

The Student Travel presentation requirement is a mandatory. The following requirements must be met:

PowerPoint Presentation Details

- Presentation must be submitted within two weeks after attending the event.
- Presentation must capture students overall experience.
- Presentation includes at least 10 slides with captions
- Presentation must be emailed to studenttravel@jjay.cuny.edu with the subject line containing your first and last name and the phrase “Travel Presentation” (ex. Joe Smith Travel Presentation).

I acknowledge that I must submit a PowerPoint presentation within two weeks of my return from the planned date of activity. If I do not provide the presentation within two weeks of my return, I am responsible for reimbursing the Student Activities Association, Inc. for the full amount approved by the student travel committee. If the funds are not reimbursed, the Student Activities Association, Inc. has the authority to place a stop on my records.

I hereby grant The City University of New York (CUNY) permission to use my name, the name of the educational program in which I am enrolled, and my photograph for any purpose that CUNY may deem appropriate, including without limitation educational uses and promotion of CUNY and its programs and activities, in perpetuity in in-house publications as well as in all other media, whether now known or later developed. I waive any right to inspect and approve such use.

I agree to hold harmless The City University of New York from any liability that may arise from such use of my name, degree, certificate program and/or likeness.

I am at least 18 years old.

Print First & Last Name

Signature

Date



**CUNY INTERNATIONAL TRAVEL PARTICIPATION, WAIVER,
AND EMERGENCY CONTACT FORM**

This form (the “Release Form”) has been developed by the CUNY Office of the General Counsel (OGC) and cannot be altered or adapted except in the answerable fields without approval from OGC.

PART A to be completed by the Program Director (then duplicated for completion of Part B by participating students)

Description of Activity

_____ (“College”) of The City University of New York (“University”) believes that participation in organized, off-campus activities by its students can be an important part of a student’s learning experience. Off-campus activities may, however, involve certain risks, both to the participating students and to the College/University. In order to participate, each student must read carefully, complete, and sign this Release Form and submit it to the Program Director prior to the Activity.

Destination of Activity:

Dates of Activity:

Name of Campus Director:

Name of Field Director or Chaperone(s) (if applicable):

Contact Telephone Number on Date(s) of Activity:

Description of Activity:
(including travel to and from Destination of Activity)

PART B to be completed and signed by the participating student; if under 18, also by his/her parent or legal guardian and notarized.

I wish to participate in the Activity, and in consideration for being permitted to participate in the Activity, I hereby represent and agree as follows:

ASSUMPTION OF RISK

1. I understand that participation in the Activity involves risks not found in study at the College., These risks can range from a) minor injuries such as bruises and strains, to b) major injuries such as broken limbs, loss of sight, neck or back injuries, heart attacks and concussions, to c) catastrophic injuries, including paralysis and death, and also include risks of damage to or theft of personal property, and risks involving traveling to and within, and returning from, Activity sites and other foreign countries; foreign political, legal, social and economic conditions; different standards of design, safety and maintenance of buildings, public places and conveyances; local medical and

weather conditions; and other matters described in the U.S. Department of State Country Specific Information (and Travel Warnings and/or Travel Alerts, if any) and in the Centers for Disease Control and Prevention Travel Notices that I have accessed at <http://travel.state.gov> and at <https://wwwnc.cdc.gov/travel/notices> and reviewed carefully. I understand that there may be other risks not known or reasonably foreseeable. I have sought and obtained information and advice that I feel are necessary and appropriate.

2. I VOLUNTARILY ACCEPT AND ASSUME ALL OF THE RISKS IN PARTICIPATING IN THE ACTIVITY.
3. My participation in the Activity is voluntary.

WAIVER OF LIABILITY

4. I, for myself and on behalf of my family, heirs and personal representative(s), HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS, The City University of New York (“University” or “CUNY”), any student organization and/or related entity of CUNY that organized, sponsored and/or funded the Activity, the City of New York, the State of New York, and the officers, directors, employees, representatives, agents and affiliates of any and all of them (“Released Parties”) FROM ANY AND ALL LIABILITIES, CLAIMS, DEMANDS, ACTIONS AND CAUSES OF ACTION WHATSOEVER arising out of or related to any loss, damage or injury (including death) to me or others, or to any property belonging to me or others,

(a) caused by, deriving from, or associated with my presence at, participation in, or travel to or from the Activity, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASED PARTIES OR OTHERS, except for such damages or injury as may be caused by the gross negligence or willful misconduct of the officers, directors, employees, representatives, agents or affiliates of any of the Released Parties; or

(b) arising at a time when I am not under the direct supervision of University, including, without limitation, during travel and/or activities other than those specifically required in order to participate in the Activity that I may choose to undertake before, during or after the Activity, and/or that are caused by my failure to remain under such supervision.

5. I have no known physical or health-related reasons or problems that preclude or restrict my participation in the Activity or I have disclosed to the College any physical, mental, and emotional conditions or problems, permanent or temporary, including special dietary and medication needs, or the need for visual or auditory aids that might impair my ability to participate in the Activity. I, for myself and on behalf of my family, heirs and personal representative(s), HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS each of the Released Parties FROM ANY AND ALL LIABILITIES, CLAIMS, DEMANDS, ACTIONS AND CAUSES OF ACTION WHATSOEVER arising out of or relating to any loss, damage or injury (including death) to me or others, or to any property belonging to me or others, caused by, deriving from, or associated with my failure to disclose to the College any such conditions, problems, or needs.

OTHER REPRESENTATIONS

6. I understand that each country has its own laws and standards of acceptable conduct, including dress, manners, morals, politics, drug use and behavior. I recognize that behavior that violates those laws or standards could harm the University’s relations with those countries and the institutions therein, as well as my own health and safety. I will become informed of, and will abide by, all such laws and standards for each country to or through which I will travel during the

Activity and assume responsibility for my actions, understanding that the circumstances of an Activity may require a standard of behavior that may differ from that applicable on campus.

7. I will comply with the University's rules, standards, and instructions for student behavior generally and for the Activity, including the College's Code of Student Conduct, the Henderson Rules of Public Order, and the expectations for student behavior described in the CUNY International Travel Guidelines (collectively, the "standards"). I acknowledge and understand that my compliance is important to the success of the Activity and to the University's/College's willingness to permit future similar activities. I agree that the University has the right to enforce the standards, in its sole judgment, and that it may impose restrictions, up to and including disciplinary proceedings and not granting academic credit for and removing me from the Activity, for violating the standards or for any behavior detrimental to or incompatible with the interest, harmony, and welfare of the College, the University, the Activity or other participants.
8. I agree that, due to the circumstances of foreign study programs, procedures for notice, hearing and appeal applicable to student disciplinary proceedings at the University may not apply. If I am removed from the Activity, I consent to going home at my own expense with no refund from the University or College of any monies paid. I will attend to any legal problems I encounter with any foreign nationals or government of the host country. The University is not responsible for providing any assistance under such circumstances.
9. I understand that it is within the College's discretion to change travel, accommodations, and other arrangements as it deems necessary. I understand that the College is not responsible for nor does it represent or act as agent for, and cannot control the acts or omissions of any host institution or service providers, including those who provide transportation, tour, dining or sleeping accommodations.
10. I understand and agree that the University is not in any way responsible for my wellbeing with respect to any travel to destinations beyond those specifically required for the Activity that I may choose to undertake before, during, or after the Activity.
11. I have or will obtain and maintain the insurance policy required by the University ("travel insurance") which provides coverage for health and hospitalization, accident, repatriation, and medical and security evacuation. I will be responsible for the costs of such insurance and for any expenses not covered by insurance.
12. I also have or will obtain and maintain travel insurance coverage for all travel and activities other than those specifically required in order to participate in the Activity that I may choose to undertake before, during, or after the Activity. Among other things, this means that I if I extend my travel before or after the dates of the Activity, I will extend my travel insurance to ensure I have coverage for the duration of my time abroad. I will use my best efforts to register any travel extensions and report any additional updates in [CUNY-GO](#).
13. The University may, but is not obligated to, make any decisions and take any actions regarding my health and safety that it considers to be warranted under the circumstances, and I hereby authorize the University to make such decisions and take such actions. I agree to pay all expenses relating thereto and release the University from any liability for any such actions.
14. Except for any University scholarships or similar funding, I am assuming full financial responsibility for all costs and expenses incurred by me in connection with the Activity, including, without limitation, financial responsibility for damage or destruction to property of third parties.
15. I will not hold myself out as having the power or authority to bind or create liability for the College or the University.

16. This Release Form represents my complete understanding with the College and the University concerning their responsibility and liability for my participation in the Activity. It supersedes any previous or contemporaneous understandings I may have had with the College or the University on this subject, whether written or oral, and cannot be changed or amended in any way without my written concurrence.
17. I agree that this Release Form be constructed in accordance with New York law. I agree that this Release Form will be binding to the fullest extent permitted by such law. If any part of this Release Form is held to be unlawful, that part will be limited only to the minimum extent necessary to comply with the law, and the validity of the remaining parts will not be in any way affected.
18. This is my contact information:

Name: _____ CUNY ID: _____

Phone: _____ Email: _____

Date of birth: _____ Citizenship(s): _____

Number of passport you will use for travel: _____

19. This is my **emergency contact information**:

In case of emergency, notify:

Name: _____ Relationship: _____

Phone: _____

Email: _____

20. Check one:

I am at least eighteen years old.

I am not yet eighteen years old, so I have secured the signature of my parent or guardian (see next page) as well as my own.

I WISH TO PARTICIPATE IN THE ACTIVITY. I HAVE READ ALL OF THIS RELEASE FORM AND I FULLY UNDERSTAND IT. I AM VOLUNTARILY SIGNING THIS RELEASE FORM WITH THE INTENTION TO BE BOUND BY ITS TERMS. NO REPRESENTATIONS, STATEMENTS, OR INDUCEMENTS NOT CONTAINED IN THIS RELEASE FORM HAVE BEEN MADE TO ME BY ANY OF THE RELEASED PARTIES.

Date: _____ Signature: _____

If participating student completing and signing this Release Form is under the age of 18, then the following page must be completed and signed by the student's parent or legal guardian in the presence of a notary.

IF STUDENT IS UNDER THE AGE OF 18, THEN THE STUDENT'S PARENT OR LEGAL GUARDIAN MUST COMPLETE AND SIGN THE FOLLOWING IN THE PRESENCE OF A NOTARY:

1. I am the parent or legal guardian of the student named above who signed on the previous page.
2. I give my permission for my child to take part in the Activity described on the first page of this form with the understanding that there are potential risks associated with the Activity.
3. I understand that my child is expected to behave responsibly and to follow the University's discipline code, policies and standards, and that failure to do so may subject the student to removal from the Activity.
4. I have read and understand this Release Form, and I confirm that the information provided by my child is accurate and complete.
5. I agree that in the event of an emergency injury or illness, the staff member(s) in charge of the Activity may act on my behalf and at my expense in obtaining medical treatment for my child.
6. I am and will be legally responsible for the obligations and acts of my child as described in this form, including such parts as may subject me to personal financial responsibility.
7. I agree, for myself and for my child, to be bound by its terms.

Print First and Last Name of Parent or Guardian

Signature of Parent or Guardian

STATE OF _____)

COUNTY OF _____)

ss.:

On this day of _____, 20____, before me personally appeared _____

_____ to me known and known to me to be the _____ person described in and who executed the foregoing instrument and acknowledged that s/he executed the same.

Notary
Stamp

Notary Public



CUNY INTERNATIONAL TRIP PROPOSAL FORM

Successful international travel requires careful planning that begins well in advance of the actual operation of the program. Planning must take place in coordination with [the study abroad office or international education liaison on your campus](#) from the earliest stages.

This trip proposal form must be submitted for (1) all faculty-led CUNY trips and (2) all student organization trips abroad. Exchange and affiliated programs are not required to submit this proposal, but must undergo a thorough academic and safety vetting process at the College, and be formalized in an agreement approved by the CUNY Board of Trustees.

Submit this form together with the College trip proposal, which should cover the purpose and content of the travel, to the Campus Director and global@cuny.edu. If applicable, include the CUNY Travel Warning Waiver Petition. The deadlines below may only be waived by the Responsible Executive Officer.

	Deadline
<i>Trips under new credit-bearing programs</i>	<i>6 months</i>
<i>Trips under established credit-bearing programs</i>	<i>2 months</i>
<i>Non-credit trips</i>	<i>2 months</i>

1. Is this trip part of a program that has been approved within the past 3 years?

Yes No

If so, you can attach the most recently approved college program proposal, if it is still current.

a) If part of a program, program title:

2. Sponsoring CUNY College:

<p>3. Program Participant (check all that apply):</p> <p><input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate</p> <p><input type="checkbox"/> Faculty <input type="checkbox"/> Staff</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>4. Type of Trip (check all that apply):</p> <p><input type="checkbox"/> Credit-Bearing <input type="checkbox"/> Non-Credit</p> <p><input type="checkbox"/> Student Organization <input type="checkbox"/> Sports event</p> <p><input type="checkbox"/> Other (specify) _____</p>
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5. If this is a student organization trip: will crowdfunding or other fundraising vehicles (e.g. car wash, bake sale) be used to cover some or all trip expenses?

Yes No

If yes, all funds must be deposited with and administered by the College or the College Association.

6. Proposed trip Site(s)—list all (cities, towns and countries, be as specific as possible):

To be completed by the trip Campus Director.

Additional signatories: Responsible Executive Officer (REO).

7. Proposed Dates Abroad: _____ to _____
8. Number of anticipated participants (not including staff/faculty):
9. Number of accompanying CUNY staff or faculty expected to accompany the group:
10. a) Name and Title of Field Director:
- b) Name(s) and Title(s) of other accompanying faculty or staff (including graduate assistants):
11. Are any of the above locations under a [Department of State Travel Warning](#) or a Level [3 CDC Travel Warning](#)?
- yes (You must attach the CUNY Travel Warning Waiver Petition if there is a DoS warning. Travel waivers are not allowed for countries under a Level 3 CDC Travel Warning).
- no
12. Medical preparation: Attach a printout of the [current CDC recommendations for travelers to the trip destination\(s\)](#); refer to the appropriate recommendations based on the trip itinerary and activities. Most trips can use the recommendations for Travelers; programs with clinical components should refer to the recommendations for clinicians. Indicate below which of the CDC recommendations for vaccinations, prophylactic medication, etc. you will require or recommend for all participants. For guidance, see the International Travel Guidelines.
13. Field Director's Qualifications: Describe the Field Director's experience in the country of destination. Relevant qualifications may include proficiency in the local language, prior experience there, specific local contacts, etc.
14. Housing: Describe all accommodations to be used on site.

To be completed by the trip Campus Director.
Additional signatories: Responsible Executive Officer (REO).

15. Transportation: Describe all transportation methods to be used on site (not including transportation to/from NYC). Locally licensed professional drivers must be hired; CUNY faculty, staff and students may not drive motor vehicles for CUNY trip purposes.

16. Travel Insurance: Participants will be covered by the CUNY-sponsored CISI plan.

Yes No

If no, please attach a copy of the alternate plan, which must meet CUNY's substantial equivalence standard¹.

17. High-Risk Activities: Will the trip itinerary include any high-risk activities?

Yes No

If yes, please include a description of the high-risk activity or activities with a justification based on the purpose of the trip and an explanation of measures to mitigate each high-risk activity's risk.

¹ Standard used to evaluate travel insurance plans offered by affiliated and exchange providers as possible substitutes for the CUNY CISI policy. At least 80% of the current CUNY CISI plan's coverage (LINK) for: accidental death and dismemberment, medical expenses, emergency medical evacuation, repatriation/return of mortal remains, security evacuation, as well as 24/7 phone assistance service to help travelers access their benefits under the plan. If CUNY's coverage is unlimited in any of these areas, the alternate plan must provide at least \$100,000 of coverage. In addition, the insurer providing the alternate insurance policy must have a minimum current A.M. Best's rating of "A-VII" and the policy must include a waiver of all rights of subrogation against CUNY for losses covered by the policy. The College is responsible for evaluating substantial equivalence. Since the company that offers the CUNY CISI insurance plan also offers other plans at different levels, alternate policies offered by CISI may not be substantially equivalent and should also be reviewed. If there is any doubt that the coverage is not substantially equivalent, the traveler(s) must also be covered by the CUNY CISI insurance plan. Travelers who are allowed to be covered under an alternate plan should be informed of the availability of the CUNY CISI travel insurance plan as supplementary coverage.

Substantial equivalence cannot be used to waive the CUNY CISI requirement for faculty-led trips, travel by student organizations, or other student travel other than through affiliated and exchange programs. When travel providers require their own insurance policy in these cases, CUNY students must also purchase the CUNY CISI policy.

To be completed by the trip Campus Director.

Additional signatories: Responsible Executive Officer (REO).

18. Pre-Departure Orientation: A pre-departure orientation that includes the health and safety topics listed in the Pre-Departure Orientation Checklist will be required of all participants, and a sign-in sheet documenting participation will be collected and retained at the college for two years.

Yes No

Please note any additional health and safety-related topics that will be included for participants in this trip in order to meet specific challenges at this site.

19. Campus Director Certification:

I hereby certify that I have reviewed the attached proposal and that it meets the requirements of the CUNY International Travel Guidelines, and that I will support the trip/program in the role of Campus Director.

Name of Campus Director _____

Email of Campus Director _____

Signature of Campus Director _____

Date _____

20. Approval:

The attached proposal is hereby approved by the College Responsible Executive Officer.

This proposal is hereby denied.

Signature _____

Name _____

Date _____

Title _____

21. This proposal has been reviewed by Central Office.

To be completed by Central Office:

	Initials	Date
OAA		
OEHSRM		

Regarding:

Return the approved proposal to the Campus Director and to global@cuny.edu.

Electronic PDF submissions are preferred.