



Individual Domestic Travel Application Checklist Form

Student Travel Committee

Student Activities Association, Inc.

The Individual Domestic 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.

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.

Schedule of the Activity/Itinerary

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

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.).

CUNY Off-Campus Domestic Travel Liability Form

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 valid State ID and School ID with valid semester sticker or State ID and Current Semester Schedule

If the student does not have valid school ID then they can submit state ID with current semester schedule.

Individual Presentation Agreement Form

The Student Travel presentation requirement is a photo PowerPoint presentation with at least 10 slides.

Faculty or Staff Recommendation Letter

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

Commitment Letter

CUNY Off- Campus Domestic Student Travel Approval Form



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 OFF-CAMPUS DOMESTIC TRAVEL LIABILITY FORM

Student Travel Committee

Part A- To be completed and then distributed for completion by participating students.

Description of Activity

John Jay College of The City University of New York 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 Off-Campus Travel Participation, Waiver, and Emergency Contact Form and submit it to the Trip Sponsor prior to the Activity.

Description of Activity: _____

Destination of Activity: _____

Dates of Activity: _____

Name of Trip Sponsor: STUDENT TRAVEL COMMITTEE

Affiliation of Trip Sponsor to College/University: JOHN JAY COLLEGE

Name of Trip Chaperone: _____

Telephone Number of Trip Chaperone: _____

Part B - To be completed and signed by participating student and, if under 18, his/her parent or legal guardian.

Participation, Waiver and Release, and Emergency Contact Information

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 and hazards 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 involved in traveling to and within, and returning from, Activity sites. 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), 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 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 related 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 will become informed of, and will abide by, all such laws and standards surrounding 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. 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 Student Domestic Trip and Travel Guidelines (collectively, the “standards”). I agree to obey the laws of New York City, New York State, and the United States; the laws of the trip destination, and orders of the college, and its appointed representatives.
7. I agree that the University has the right to enforce the standards and conduct described herein, in its sole judgment, and that it may impose restrictions, up to and including removal and termination from the Activity, for violating these 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. If I am terminated from the Activity, I consent to going home at my own expense with no refund of fees.
8. I have or will obtain and maintain health, accident, disability, hospitalization, and travel insurance as I deem necessary to participate in the Activity, and I will be responsible for the costs of such insurance and for any expenses not covered by insurance.
9. 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. 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.
10. 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.
11. I will not hold myself out as having the power or authority to bind or create liability for the College or the University.
12. This waiver and release 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.
13. I agree that this Release be construed in accordance with New York law. I agree that this



Release will be binding to the fullest extent permitted by such law. If any part of this Release 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.

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

Please Print Your Information:	
Name: _____	EMPLID ID: _____
Address: _____ _____	
Cell Phone: _____	Email: _____
Emergency Contact Information	
In case of Emergency, Please notify,	
Name: _____	
Relationship: _____	
Cell Phone: _____	Alternate Number: _____

Check One:

- I am at least 18 years old
- I am not yet eighteen years old, so I have secured the signature of my parent or guardian (see below) as well as my own.

OPTIONAL: I wish to voluntary disclose the following of any medical or health condition:

I wish to participate in the Activity, I have read and completed this Off-Campus Activity Participation, Waiver, and Emergence Contact Form carefully, and I am signing it voluntarily.

Date: _____

Signature: _____



If participating student completing and signing this form is under the age of 18, then the following pages must be completed and signed by the student's parent or legal guardian.

1. I am the parent or legal guardian of the student named above who signed above.
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 the student is expected to behave responsibly and to follow the University's discipline code and policies.
4. 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 the student.
5. I have read this Off-Campus Travel Participation, Waiver, and Emergency Contact Form, and I confirm that the information provided by the student is accurate and complete.
6. I am and will be legally responsible for the obligations and acts of the student as described in this form, (including such parts as may subject me to personal financial responsibility),
7. I agree, for myself and for the student, to be bound by its terms.

Print First & Last Name of Parent or Guardian

Date

Signature First & Last Name of Parent or Guardian

If student is under the age of 18 and the Activity includes overnight stay(s), then the parent or guardian signature must be notarized.

STATE OF _____)

ss.:

COUNTY OF _____)

On theday of.....in the year.....before me, the undersigned, personally appeared....., personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that s/he executed the same in her/his capacity, and that by her/his signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Notary Public



CUNY OFF-CAMPUS DOMESTIC STUDENT TRAVEL APPROVAL FORM

Student Travel Committee

The Off-Campus Student Travel Approval Form must be completed and submitted to the Chief Student Affairs Officer for student organizations 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 www.jjay.cuny.edu/studenttravel. This form must be approved by the Chief Student Affairs Officer or the Chief Academic Officer in order for travel to commence.

Type of Trip (Check One): Individual Group Other: _____

Name of Individual/Group Traveling: _____

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

Trip Sponsor Name: STUDENT TRAVEL COMMITTEE Status: FACULTY/STAFF

Name of College: JOHN JAY COLLEGE

Cell Phone: N/A

Alternative Phone: (212) 393-6474

Email: STUDENTTRAVEL@JJAY.CUNY.EDU

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.)

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.



Name of Trip Chaperone: _____

Title of Trip Chaperone: _____

Name of College: _____

Cell Phone: _____

Alternative Cell Phone: _____

Email: _____
(most frequently checked email address)

OFFICIAL USE

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 ST Coordinator	Signature of ST Coordinator	Date

The attached Off-Campus Student Travel Approval Form is hereby approved by the Chief Student Affairs Officer.

_____	_____	_____
Name of CSA Officer	Signature of CSA Officer	Date



Destination of Travel/Event/Activity: _____

Name of Travel/Event/Activity: _____

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

Purpose of Travel: _____

Number of Students Attending: _____

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 _____

Rental Service: _____

Name of Bus/Train/Airline Co: _____

Flight/Train Number(s): _____

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

Name of Accommodation: _____

Type of Accommodation: Hotel Hostel College Resident 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.**