

Overnight or Day Trip Use

Student Organization: _____
Advisor: _____

General Travel Trip Information Form

PRIMARY OFFICER CONTACT INFORMATION (Attending the trip)

Name: _____

Title: _____

Cell Phone: _____ E-Mail: _____

SECONDARY OFFICER CONTACT INFORMATION (Attending the trip)

Name: _____

Title: _____

Cell Phone: _____ E-Mail: _____

TRIP INFORMATION

Name of Trip: _____

Nature of Trip (Purpose): _____

Trip Destination(s): _____

Date Departing Campus: _____

Date Returning to Campus: _____

Mode of Transportation: _____

INSTITUTIONAL/ORGANIZATIONAL AFFILIATION (Host, if any)

Contact Name (Must be an Employee): _____

Office of Affiliation: _____

Phone: _____ E-Mail: _____

OVER

EXTENDED TRAVEL ITINERARY (Only for multiple day trips)

Please provide the dates and detailed descriptions for all destinations on your trip:

TRIP PARTICIPANTS

You MUST submit an Individual Travel and Waiver Form for each trip participant. Forms are available from your advising office. Please attach ALL Individual Travel and Waiver Forms to this completed General Trip Information Form. Thank you.

IMPORTANT INFORMATION

In Case of an Emergency, please first contact local help by dialing 911 or the local authorities. Once everyone is out of immediate threat or danger, please call your advising office directly. If it is after hours, call the Department of Public Safety at (212) 854-5555. Make sure you leave a detailed message. Someone will respond as soon as possible.



Student Development and Activities (212) 854-3611
Office of Multicultural Affairs (212) 854-0720

