Name of Traveler: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CCU ID: \_\_\_\_\_\_\_\_\_\_ Department/Student Org: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am: \_\_\_\_\_ Faculty \_\_\_\_\_\_ Staff \_\_\_\_\_\_ Student\*

I am traveling: \_\_\_\_\_ alone; \_\_\_\_\_\_ with other CCU staff/faculty; \_\_\_\_\_\_ with CCU students\*

*\*Note: If traveling with students, you must also complete and sign off on CCU Student Travel Information section (page 3).*

Purpose (Attach acceptance, invitation, or event information)- Name of Travel:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Refereed presentation

\_\_\_\_ Invited speaker \_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Required attendance as board member (professional organization)

\_\_\_\_ Individual student or student group travel for conference/competition/research/activity

Travel is proposed to LOCATION(S): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed Travel DEPARTURE Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time of Departure \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed Travel RETURN Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time of Return: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe the budget required for this travel, indicating source, amount, activities covered. If students are traveling, what costs will they be responsible for covering, and what is expected cost of personal funds needed? What is the refund policy/cancellation consideration for each budget line? *Pocket Guide to University Travel* at[coastal.edu/forms](https://www.coastal.edu/forms/).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Activity Name  (This should detail all parts of the budget you are requesting – airfare\*\*\*, hotel\*\*, transportation, mileage\*, registration fees, testing/immunization required for travel, etc.) | Cost | Budget to Cover | Travel Card (TC), Reimbursement (R), or Direct Pay from CCU (D) | Refundable? If so, until what cancellation date? |
|  |  |  |  |  |
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|  |  |  |  |  |

*\*For mileage, indicate number of miles x $.054 / mile.*

*\*\*For hotels, include quote and include in cost all taxes/booking fees.*

*\*\*\*For airfare, including the cost of one checked bag each way (if needed/desired).*

Please describe the specific activities or involvement you will have during travel. What steps will you be taking to minimize COVID-19 impacts during your travel and during the activities noted?

Please share any other information you think important to consider in review of this proposed travel.  (Novel transportation means, international travel involved, contact sports, remote areas, etc.). Attach additional page(s) if needed.

Name of Traveler: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CCU ID: \_\_\_\_\_\_\_\_\_\_ Department/Student Org: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Traveler Acknowledgement.**

\_\_\_\_\_ I understand that CCU strongly recommends getting vaccinated if at all possible before travel. I acknowledge that I am responsible for getting tested for COVID-19 within 72 hours of departure for the travel and to be tested within 72 of returning back to campus (unless I have been vaccinated against COVID within three months of travel or have tested positive for COVID-19 in the 90 days before travel) and for providing the completed [**Attestation of COVID-19 Testing or Vaccination**](https://www.coastal.edu/media/2015ccuwebsite/contentassets/documents/globalinitiatives/covid-19travel/University%20Travel%20-%20Attestation%20of%20COVID-19%20Test%20or%20Vaccination_Final_Fillable.pdf) to the office indicated upon approval of this request. I acknowledge that I am also responsible for complying with all return to work/campus directives in place at CCU at the time of my travel. I understand that should conditions for travel adjust after this approval and before my departure, I will comply with the updated guidance, and understand that COVID testing that is mandatory for my participation in this travel will be a reimbursable travel expense by CCU, provided appropriate receipts are provided.

\_\_\_\_\_ I hereby affirm that I am voluntarily choosing to proceed with traveling to the locations in the Program and I acknowledge that I know, understand, and appreciate the inherent risks of my travel now given that COVID-19 has spread around the world.

\_\_\_\_\_\_ If my travel is international, I understand I am required to complete the [**International Travel Insurance Request**](https://www.coastal.edu/media/2015ccuwebsite/contentassets/documents/globalinitiatives/covid-19travel/CGE_Request%20for%20International%20Insurance.xlsx) within 10 days of approval of the proposed travel. I understand that benefits of the international travel insurance are secondary insurance, and that the benefits of the insurance are limited should I travel during a pandemic.

\_\_\_\_\_ I agree to follow all COVID protocols as required by CCU, including wearing a mask, maintaining social distance where possible, frequent hand sanitation, and avoiding crowds, pre-departure training (if and as required), as well as any additional guidance as noted by the locations through which and to which I am traveling.

\_\_\_\_\_\_ I understand that CCU may cancel this travel at any time up to departure, or while underway, should CCU determine that it is in the best interest of the university to cancel, recall, or suspend travel for any reason.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Traveler Date

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Departmental / Travel Risk / Executive Council Approval to Travel

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ Recommend   \_\_\_\_ Do Not Recommend

Department Chair/Dean Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ Recommend   \_\_\_\_ Do Not Recommend

Travel Risk Advisory (if International) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_Recommend  \_\_\_\_ Do Not Recommend

Executive Council Member Date

Resolution to Traveler and Department on \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Deliver COVID Testing Attestations to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If international travel, deliver to globalengagement@coastal.edu)

Training/Materials to be provided:

IF STUDENTS ARE TO BE A PART OF THE RESPECTIVE TRAVEL, please answer the additional questions below:

How many and what academic level of students would be traveling (undergraduate, graduate, both)? How are they going to be selected? What is the timeline you would like to begin to make this information available to students to recruit/select them for this experience?

Who are the CCU designated Points of Contact for this Travel (CCU faculty/staff), and what is their contact information?

What should student participants expect to receive as a result of this participation? Please provide as much detail as possible below (cost coverage by CCU, transportation, registration, etc.)

In as much detail as possible, describe the physical demands and/or requirements of your proposed program. Examples may include city walking, hiking on uneven surfaces, climbing stairs, swimming, living at high altitude (typically considered above 8,000 feet), ability to sit for an extended period of time (e.g., bus rides), specific vision or hearing abilities, etc. Be as specific as possible so students can evaluate whether they would require reasonable accommodations to participate in the program.

If a participant withdraws, what is the participant’s obligation for repayment (how much and if that differs by date of decision, please indicate that here – please denote for both individual travel – refunds of registration no later than XXX).

I understand that if I am traveling with CCU students, I will be responsible for completing training prior to departure.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Signature Date