

TRIP	INFORMATION	
	1/A ativity Nama.	

Event/Activity Name:				
Description of Trip*:				
*Please attach itinerary, if available.				
Proposed Departure (from Kean):	Departure Time (to Kea	an):		Day Trip Dovernight Trip
Date Time		Date	Time	
Destination Address:				
Street	C	Sity		State
Proposed Method of Transportation: □ University Transportation <u>Not</u> Provided □ University S Contracted Transportation Services: □ Air or Rail Trave □ 40-Passenger w/ Seatbelts (34-Passenger w/ Wheelcha □ 56-Passenger Charter Bus w/ Seatbelts (52-Passenger	el Required	Seatbelts Charter Bus w/ ger w/ 2 Wheel	Seatbelts (50-F chairs) 🗖 Othei	Passenger Wheelchair Accessible)
Transportation Funding Source Cost Cent	ter (if applicable):		Objec	ct Code:
Departure Location:		Approximat	e Number of	Participants*:
Participant Eligibility Criteria:				*Including Advisor(s)
Method of Participant Registration: Registration F	Form D Application D Ticket S	Sales D Othe	r:	
TRIP COORDINATOR INFORMATION				
Trip Coordinator Name:	P	hone Numbe	er:	
Organization/Department:				
Email Address:	Kean Affiliation	n: 🗆 Student 🛛	□ Faculty □ S	taff D Other:
TRIP ADVISOR 1 INFORMATION			·	
Trip Advisor Name:	Is the T	rip Advisor a I	Kean full-time	faculty/staff member: 🛛 Yes 🗆 No
College/School/Department Name:		-		-
Trip Advisor Email:				
<u> </u>				
Trip Advisor's Signature	Date			
TRIP ADVISOR 2 INFORMATION (IF APPLICABLE)				
Trip Advisor Name:	Is the T	rin Advisor a l	Kean full-time	faculty/staff member: 🛛 Yes 🗖 No
College/School/Department Name:				
Trip Advisor Email:			C Phone Num	Der:
Trip Advisor's Signature				
 CO-CURRICULAR STUDENT TRAVEL REMINDERS No compensation or other types of benefits are to be received from any University employee, representative, or any family member of any Univ prior written approval from the corresponding Vice President and the U Officer. 	y external source by any • Upon versity employee without Iniversity Ethics Liaison (Form	iarize himself/herself n CCST-2).	with the Trip Adviso	 in charge of the trip will be responsible to r Instructions for Co-Curricular Student Travel guests, if applicable, must complete a Co-
 A complete list of participants along with Trip Advisor contact info itinerary must be submitted to the Kean University Department of Police by email at kupolice@kean.edu and the respective Departm utilizing the Student Travel Roster Form (Form CCST-3), or approv the trip departure. If transportation has been contracted through L a complete roster must be sent to University Purchasing prior to c 	ormation and a travel Curri Public Safety and outlin nent Director by shall ved equivalent, prior to the D Jniversity Purchasing,	cular Student Travel ned in the Policies ar	Registration Form, on d Procedures Gover	or an approved alternative or modified form as ming Co-Curricular Student Travel. Original form r and appropriate copies shall be forwarded to
	that you have read and und	derstand the	Co-Curricula	r Student Travel Reminders
TRIP COORDINATOR CERTIFICATION I affirm that the information I have provided on this form is co		y own free will.		
	Det-	_		
	Date			
Trip Coordinator's Signature				
APPROVAL				
	Department Director's Sid	anatura		Date