



TRIP INFORMATION

Event/Activity Name: _____

Description of Trip*: _____

*Please attach itinerary, if available.

Proposed Departure (from Kean): _____ Departure Time (to Kean): _____ Day Trip Overnight Trip

Destination Address: _____

Proposed Method of Transportation:

- University Transportation Not Provided University Shuttle (36-passenger) Other University Vehicle: _____
Contracted Transportation Services: 49-Passenger Charter Bus 55-Passenger Charter Bus 50-Passenger Wheelchair Accessible Charter Bus
 Air or Rail Travel Required Other: _____

Transportation Funding Source Cost Center (if applicable): _____ Object Code: _____

Departure Location: _____ Approximate Number of Participants*: _____
*Including Advisor(s)

Participant Eligibility Criteria: _____

Method of Participant Registration: Registration Form Application Ticket Sales Other: _____

TRIP COORDINATOR INFORMATION

Trip Coordinator Name: _____ Phone Number: _____

Organization/Department: _____

Email Address: _____ Kean Affiliation: Student Faculty Staff Other: _____

TRIP ADVISOR 1 INFORMATION

Trip Advisor Name: _____ Is the Trip Advisor a Kean full-time faculty/staff member: Yes No

College/School/Department Name: _____ Office Phone: _____

Trip Advisor Email: _____ Contact Phone Number: _____

Trip Advisor's Signature _____ Date _____

TRIP ADVISOR 2 INFORMATION (IF APPLICABLE)

Trip Advisor Name: _____ Is the Trip Advisor a Kean full-time faculty/staff member: Yes No

College/School/Department Name: _____ Office Phone: _____

Trip Advisor Email: _____ Contact Phone Number: _____

Trip Advisor's Signature _____ Date _____

CO-CURRICULAR STUDENT TRAVEL REMINDERS

- No compensation or other types of benefits are to be received from any external source by any University employee, representative, or any family member of any University employee without prior written approval from the corresponding Vice President and the University Ethics Liaison Officer.
A complete list of participants along with Trip Advisor contact information and a travel itinerary must be submitted to the Kean University Department of Public Safety and Police by email at kupolice@kean.edu and the respective Department Director by utilizing the Student Travel Roster Form (Form CCST-3), or approved equivalent, prior to the trip departure. If transportation has been contracted through University Purchasing, a complete roster must be sent to University Purchasing prior to departure.
Upon approval, the faculty/staff Trip Advisor(s) in charge of the trip will be responsible to familiarize himself/herself with the Trip Advisor Instructions for Co-Curricular Student Travel (Form CCST-2).
Each student participant, and their respective guests, if applicable, must complete a Co-Curricular Student Travel Registration Form, or an approved alternative or modified form as outlined in the Policies and Procedures Governing Co-Curricular Student Travel. Original forms shall be maintained by the faculty/staff Advisor and appropriate copies shall be forwarded to the Department Director.

Enter your initials here [] to confirm that you have read and understand the Co-Curricular Student Travel Reminders and are aware that these reminders must be relayed to the Trip Advisor(s).

TRIP COORDINATOR CERTIFICATION

I affirm that the information I have provided on this form is complete and accurate and is of my own free will.

Trip Coordinator's Signature _____ Date _____

APPROVAL

Department Director's Name _____ Department Director's Signature _____ Date _____