# Form 1A - International Group Travel Description & Approval – Day Trip (Policy 4000-5-11)

## Trip Details

This form must be completed appropriately and submitted to the Dean/Director when seeking each level of approval for international group travel.

|  |  |
| --- | --- |
| Trip: |  |
| Travel Period: |  |

International Travel Policy: The College administrator approving international travel by a group of students must consider and ensure that the purpose of the trip is justifiable and consistent with College purposes and goals, College policies, intended learning outcomes, intended student experience and growth, etc.

### Purpose of the Trip

|  |  |  |
| --- | --- | --- |
| Items | Description of items including means of assessment provided by trip leader | Administration Approval |
| Purpose of the Trip |  |  |
| College goals addressed by the trip |  |  |
| Program and course learning outcomes addressed by the trip |  |  |
| Intended student experience and growth |  |  |

### Number of Travellers

#### Approval for Associate Travellers

Approval for associate travellers must be requested using Form 10 – Request for Approval for Associate Travellers. Please attach Form 10 to this request.

Individual associate traveller names must be provided for approval of individuals by the dean.

|  |  |  |
| --- | --- | --- |
| Type of Traveller | Proposed Number of Travellers | Administration Approval |
| Students |  |  |
| Faculty |  |  |
| Other College Employees |  |  |
| Associate Travellers engaged to assist with the trip – attach a list of names |  |  |
| Associate Travellers – attach a list of names |  |  |
| TOTAL TRAVELLERS |  |  |

## Trip Costs

### Cost to Each Student

|  |  |
| --- | --- |
| Item | Cost |
| Travel |  |
| Meals |  |
| Travel Incidentals |  |
| Other Costs |  |
| TOTAL COST TO STUDENT |  |

### Cost to College

#### Direct Costs – costs requiring a direct financial outlay by College.

|  |  |
| --- | --- |
| Item | Cost |
| Travel  |  |
| Meals |  |
| Travel Incidentals |  |
| Payments to Engaged Associates |  |
| Payments for Faculty Replacements |  |
| Other Direct Costs |  |
| TOTAL DIRECT COSTS |  |

#### Indirect Costs – Refers to SWF time outside of, or in addition to, the actual travel time (e.g. travel planning time – calculate as (SWF page two hr/wk x 15 x $60/hr)

|  |  |
| --- | --- |
| Item | Cost |
| SWF time allocated (at perforated hourly rate) |  |
| TOTAL DIRECT COSTS |  |
| TOTAL DIRECT COSTS TO THE COLLEGE/STUDENT TRAVELLER | Total Direct Costs / # of Student Travellers |  |

## Approvals

### Trip Leader Statement & Approval

#### Leader Statement

The trip leader is aware of and capable of meeting and completing the responsibilities of a trip leader.

I have ready and I understand the requirements of a trip leader as set down in the International Travel Policy. I will fulfill these requirements.

The cost of the trip, for the students and the College, is not unreasonable and is consistent with the expected outcomes or results of the trip.

Trip Leader Name:

Signature:

#### Trip Leader Approval

 is designated and approved as Trip Leader for the above named and dated trip.

Dean/Administrator Name:

Signature:

### Health & Safety Measures

All reasonable considerations and steps have been and will be taken to ensure the health and safety of the trip participants.

Trip Leader Name:

Signature:

## Full Approval

This trip is fully approved and may depart.

Name: Title:

Signature: Date: