



**NEW YORK CITY  
COLLEGE OF TECHNOLOGY**  
THE CITY UNIVERSITY OF NEW YORK  
300 JAY STREET, BROOKLYN, NY 11201-1909

**Professional Travel Request Form**

Please obtain complete approval for professional travel prior to making any travel arrangements

1. Faculty/Staff Member's Name:
2. Dates of professional travel (Start-End date; include travel days):  to
3. Destination (City/State):
4. Name and Type of Event/Activity (conference, workshop, etc.) and dates attending event (please attach appropriate documentation):
5. Role at Event (Attend/Present Paper/Poster Presentation/Panel Member/etc.):
6. Value of Attendance:

**CLASS COVERAGE FOR PROFESSIONAL TRAVEL**

Leave table blank and check here if not applicable (ie no classes missed):

Course	Section	Meeting Time	Date(s) Missed	Coverage by

\_\_\_\_\_  
Faculty/Staff Signature

**Approved:**       **Not Approved:**

Rationale for Chair decision:

\_\_\_\_\_  
Department Chair/Supervisor Signature

**Dear Chairperson/Supervisor: please keep a copy for your records during this academic year and send copies to the faculty/staff member and dean's office (if faculty).**