|  |  |
| --- | --- |
|  |  |

­

|  |
| --- |
| **M E M O R A N D U M** |

|  |  |  |  |
| --- | --- | --- | --- |
| TO: | President  | DATE: |       |
| FROM: | **Vice President/Provost (NAME and TITLE)** | COPIES: |       |
| SUBJECT: | Approval for essential domestic travel |  |  |

|  |
| --- |
|  |

I (**NAME)** approve of essential domestic travel for **(NAME OF TRAVELER)** in exception to the CSU ban on all non-essential domestic travel through July 31, 2020. If travel is for a student group **(NAME of Group)**, a list of all students is attached.

Explanation of why this travel is necessary and a summary of your discussion of local alternatives with your department chair. Please address these six factors:

* + Necessity of the proposed travel, including consequences of postponing travel
	+ Needs and preferences of the individual
	+ Availability of safe and secure shelter at the destination
	+ Availability of appropriate medical care at the destination
	+ Availability of transportation, services, and other necessities at the destination
	+ Assessment of risks associated with traveling versus risks of remaining in place

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Approve/Deny | Name | Signature | Date |
| VP/Provost |  |  |  |  |