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

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

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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

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