



**INSTRUCTIONS:** In most cases, deviation from a CCU-sponsored travel group requires approved notification to the program coordinator/leader indicating the time of their deviation from the group. In cases in which travel arrangements and/or costs are affected, this form should be completed by any individual as a part of a University-sponsored program who wish to deviate from the established travel dates, times, or locations of their program ("Travel Program").

**TO BE COMPLETED BY THE TRAVELER:**

Please be aware that your request to deviate may result in additional costs/charges to you based on the deviation's impact on ticketing/bookings or other associated travel arrangements charged to the University on your behalf when you agreed to participate in the noted travel. Deviation from the travel dates, times, and/or locations of the University travel program may also impact your coverage under the University's procured travel insurance policies.

Your deviation request means that you accept all charges or financial responsibility related to this deviation. It is your obligation to confer with the Organizing Unit at the University related to these charges and financial responsibilities in advance of submitting this request.

**Please complete all parts below and return this to the organizer of your travel.**

Name of Requestor: \_\_\_\_\_ CCU ID: \_\_\_\_\_

CCU Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Travel Program: \_\_\_\_\_

Organizing Unit at CCU: \_\_\_\_\_

Dates and Locations of Travel: \_\_\_\_\_

**Deviation Request Details (Please complete one or both as desired):**

\_\_\_\_\_ I am requesting deviation from the planned program in advance of the start of the program.  
I will join the CCU travel group on \_\_\_\_\_ Date at \_\_\_\_\_ Time.

\_\_\_\_\_ I am requesting deviation from the planned program prior to the end of the program.  
I will leave the CCU travel group on \_\_\_\_\_ Date at \_\_\_\_\_ Time.

**Please initial each of the following and sign below:**

\_\_\_\_\_ (initial) I wish to deviate from the Travel Program as indicated above. I understand that I will be responsible for any costs or charges associated with my decision to deviate from the Travel Program and agree that I will pay these costs as my direct financial responsibility.

\_\_\_\_\_ (initial) I acknowledge that by deviating from the travel dates, times, and/or locations of the Travel Program, I may not be covered by the University's procured travel insurance policies.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**For Internal Use Only:**

Disposition (additional charge to be made to account/refund, etc): \_\_\_\_\_

Approval or Denial communicated to Participant on: \_\_\_\_\_ by: \_\_\_\_\_