Hofstra University
Travel Policy
(insert academic year)

Name: ___________________________ ID Number: _______________________
Cell Phone #: ______________________ (Insert Group or Trip): ___________________________
Campus Address: ___________________________________________________________

I, _____________________, understand that while traveling with or for my Hofstra University organization or university-sponsored trip I am a representative of Hofstra University. As such, I agree to abide by the following university policies while at, or in transit to or from, University-sponsored events:

1. I understand that I am an ambassador for Hofstra University and I agree to conduct myself in such a way as to represent my University in a positive manner.
2. I agree to maintain, and return in a timely manner, all necessary documentation related to University-provided funds for meal expenses including receipts, cash, or a combination thereof totaling the amount provided. I understand that I am financially liable for any provided funds that are not accounted for following the trip.
3. In addition to Standards outlined in the Code of Community Standards (see Guide to Pride) I understand that the following policies regarding possession and consumption of alcohol apply:
   a. Possession or Consumption of alcohol by or in the presence of any person under the age of 21 is strictly prohibited.
   b. Possession or Consumption of alcohol is prohibited in any accommodations provided by Hofstra University including, but not limited to: Hotel Rooms, Vans, Buses, Airplanes, and Locker Room or Changing Facilities.
   c. Possession or Consumption of alcohol while wearing any clothing provided by the University is prohibited.
   d. Alcohol/Alcoholic Beverages may not be purchased with University funds including per diem meal allowances or as part of directly-billed meals.
4. Per University Student Conduct Codes, possession, use, or distribution of illegal drugs, unlawfully obtained prescribed medical drugs, or drug paraphernalia, and the abusive or unlawful use of over-the-counter drugs is strictly forbidden at all times.
5. I understand that I will be held liable for any ancillary charges incurred on my behalf including, but not limited to: room service charges, damage charges, or any other charges billed directly to the University that were not provided for in the planning of the trip.
6. I understand that this policy applies to all travel provided by or for Hofstra University throughout the ____________ Academic Year.

Failure to abide by the policies outlined above may result in University Disciplinary Action. Any financial charges incurred will be treated as a debt to the University and all applicable University rules will apply.

Student Signature: ___________________________ Date: _____________