

Texas A&M International University

A Member of The Texas A&M University System

Graduate Student Travel Reimbursement Guidelines and Procedures

GUIDELINES AND PROCEDURES

The purpose of the TAMIU Graduate Student Travel Reimbursement is to provide monetary reimbursement to individual graduate students who have attended a conference for professional development related to their academic pursuits at TAMIU. Students may apply for student travel reimbursement no more than once per academic year and are limited to and may not exceed \$500.

ELIGIBILITY GUIDELINES

1. The applicant must be a fully admitted graduate student who is working towards a master's or doctoral degree.
2. Must be in good academic standing with a minimum overall GPA of 3.250.
3. Graduate students must enroll for a minimum of 6 semester graduate credit hours.
4. Students must be actively participating (presenting paper, serving as panelist, etc.) in the conference/meeting.

APPLICATION PROCEDURE

1. Complete all sections of the Graduate Student Travel Reimbursement application and obtain all required approvals.
2. Provide proof of conference participation (acceptance letter, registration receipt, written verification from faculty advisor, etc).
3. Provide a detailed explanation as to your role in the conference and the importance of this conference in your academic career at TAMIU.
4. Complete Travel Liability Waiver Form (applications without this form will not be considered).

REIMBURSEMENT PROCEDURE

1. During your travel: Save receipts from travel airfare, taxi, gas, registration, food and/or lodging receipts as available.
2. Upon return: Submit all receipts to the Office of Graduate Studies, Student Center 124.
3. Reimbursements are deposited directly to student OneCard account.

STUDENT PARTICIPATION AGREEMENT FOR PROFESSIONAL DEVELOPMENT

Conference or Meeting Name: _____

Name of Organization/Group/Class: _____

Sponsored by: _____

I, the undersigned, voluntarily participate with the Texas A&M International University event; agree to follow University regulation;

- I will observe and follow the Student Code of Conduct as outlined in the Student Handbook.
- I will behave in such a way as to bring credit to the University.
- I understand that this is a reimbursement for student travel and all arrangements must be made by student and/or college department secretary or faculty sponsoring trip.

Participant's full name and Student ID

Date of Birth

Participant's Signature

Date

Office of Graduate Studies

Graduate Student Travel Reimbursement

APPLICANT INFORMATION

Student Name: _____ Student ID: _____
Address: _____ Email: _____
Home Phone: _____ Cell Phone: _____
College and Department: _____
Degree and Major: _____

CONFERENCE/MEETING INFORMATION:

Conference or Meeting Name: _____
Location: _____

Indicate nature of your participation in conference (Attach proof of conference participation)

___ Conference Planning Committee ___ Presenter-Individual
___ Presenter-Panel ___ Other: _____

**On a separate page, attach a detailed explanation as to your role in the conference and the importance of this conference in your academic career at TAMIU.*

TRANSPORTATION INFORMATION

Personal Vehicle Air Rental Vehicle Charter Bus Other: _____

Departure from Laredo Date and Time: _____

Arrival at Conference Date and Time: _____

Departure from Conference Date and Time: _____

Arrival to Laredo Date and Time: _____

TRAVEL EXPENSES

Original receipts must be attached

Registration	\$ _____	Car Rental	\$ _____	Lodging	\$ _____
Air Fare	\$ _____	Gas	\$ _____	Meals	\$ _____
Other	\$ _____				

Total Amount Requested \$ _____ (Not to exceed \$500)

APPROVALS

Faculty Sponsor _____ Date: _____

Department Chair _____ Date: _____

College Dean _____ Date: _____

GRADUATE STUDIES OFFICE USE ONLY

Graduate Admissions Status: _____

Graduate GPA: _____ Semester/Year: _____ Enrollment: _____

Total Amount Approved: \$ _____ Date: _____

Dean of Graduate Studies and Research _____



WAIVER, INDEMNIFICATION, AND MEDICAL TREATMENT AUTHORIZATION FORM

1. EXCULPATORY CLAUSE. In consideration for receiving permission to participate in any and all activities of _____ (herein referred to as "activity"), which is sponsored by _____ (herein referred to as "sponsor"), a member of The Texas A&M University System, I hereby release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes sponsor, The Texas A&M University System, the Board of Regents for The Texas A&M University System, and their members, officers, servants, agents, volunteers, or employees (herein referred to as RELEASEES or INDEMNITEES) from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me while participating in such activity, while traveling to and from the activity, or while on the premises owned or leased by RELEASEES, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES.** I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

2. INDEMNITY CLAUSE. I am fully aware that there are inherent risks to myself and others involved with this activity, including but not limited to _____, and I choose to voluntarily participate in said activity with full knowledge that the activity may be hazardous to me and my property, and to the person and property of others. I acknowledge there may be physically strenuous activities. I know of no medical reason why I should not participate. **I agree to indemnify and hold harmless INDEMNITEES** from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, which may occur to myself, other participants, and third-persons as a result of my participation in said activity, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of INDEMNITEES.**

3. NO INSURANCE. I understand that RELEASEES do not maintain any insurance policy covering any circumstance arising from my participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage. Sponsor does not carry general liability insurance to cover claims arising from this activity so it seeks a waiver of claims as additional consideration for the right to participate so sponsor, a governmental unit of the State of Texas, can (a) provide the activity at the lowest possible cost to participants; and (b) provide access to a greater number of participants by expending limited resources on program materials rather than on liability insurance.

4. BINDS HEIRS. It is my express intent that this agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Texas.

5. MEDICAL AUTHORIZATION, INDEMNITY FOR MEDICAL EXPENSES, and WAIVER. I understand RELEASEES cannot be expected to control all of the risks articulated in this form and RELEASEES may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required, as determined by a medical professional at the medical facility, during my participation in this activity with the understanding that the cost of any such treatment will be my responsibility. I agree to indemnify and hold harmless INDEMNITEES for any costs incurred to treat me, even if an INDEMNITEE has signed hospital documentation promising to pay for the treatment due to my inability to sign the documentation. I further agree to release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes, RELEASEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me while receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory, fault, or strict liability of RELEASEES.** I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct,

6. VOLUNTARY SIGNATURE. In signing this agreement I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed; sponsor has not made and I have not relied on any oral representations, statements, or inducements apart from the terms contained in this agreement. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future. **For students engaging in extracurricular activities:** I understand I can choose not to sign this document and free myself from its terms and the associated risks of the activity by simply not participating in the activity and choosing some other activity available to me that has a lower level of risk to me. I further understand this is a voluntary, extracurricular activity; therefore it is not required for me to obtain college credits and not participating in this activity will in no way hinder my ability to obtain a degree from the university. **For students going on fieldtrips or other class-related activities:** I understand participation in this class/fieldtrip/activity is not mandatory and I will not be penalized for failing to participate in this activity because an alternative activity exists for which I can receive like credit. While I understand alternative activities are available to me that do not have the risks associated with this activity I still desire to voluntarily engage in this activity.

**SIGNING THIS DOCUMENT INVOLVES THE WAIVER OF VALUABLE LEGAL RIGHTS.
CONSULT YOUR ATTORNEY BEFORE SIGNING THIS DOCUMENT.**

SIGNED this _____ day of _____, 20_____.

Participant Signature: _____

Printed Name: _____

Participant's Date of Birth: _____

Parent or Legal Guardian Signature: _____
(If Participant is under 18 years old)

Parent or Legal Guardian Printed Name: _____
(If Participant is under 18 years old)

INSTRUCTIONS: (1) The document should be printed in a font size no smaller than 10-point type. This is 10-point type. This is 12-point type. (2) The formatting/font style (***bolded, underlined, and italicized***) in paragraph nos. 1, 2, 5 & 6 should not be altered.