Office of Student Success

**TEXAS A&M INTERNATIONAL UNIVERSITY STUDENT TRAVEL FUND**

The purpose of the TAMIU Student Travel Fund is to provide monetary assistance to individual students who wish to attend conferences for professional development.

Applicants must be students in good standing for their classification, taking a minimum of 6 semester hours of graduate work or 12 hours of undergraduate work and be pursuing a degree or certificate program. In order to apply for these funds, the student's role at the conference must be more than a participant only. Consideration will only be given to students presenting research, participating in panels or who have a significant role in the conference planning and execution of same. Students traveling under University sponsorship should have adequate insurance coverage. Insurance carrier and level of coverage should be included in the application information.

Because of the limited amount of funds, a student may be assisted only once in the academic year. Total funds per student may not exceed $500. Students traveling with student organizations who receive university funding are not eligible for this assistance.

Applications for funds must be submitted on the attached application form. Please allow 15 working days for careful review of the application and approvals. After obtaining the recommendation of the College Dean, the form should be submitted to the Office of Student Success in USC 224.

Application must be approved prior to travel. No funds will be disbursed otherwise.

DR. MINITA RAMIREZ
VP of Student Success
(956) 326-2273
Fax: (956) 326-2274
Student Travel Fund
Guidelines and Procedures

The purpose of the TAMIU Student Travel Fund is to provide monetary assistance to individual students who wish to attend conferences for professional development related to his/her academic pursuits at TAMIU. To provide assistance to as many students as possible 1) total funds per student may not exceed $500 and 2) a student may receive funds no more than once per academic year. Priority will be given to individual students. Assistance for students traveling as part of student organizations may be considered at the end of the spring semester if funds are available.

Eligibility Guidelines

1. The applicant must be a current TAMIU student.
2. Be in good standing for his/her classification.
3. Graduate students must be enrolled for a minimum of 6 semester hours and undergraduate students must be enrolled for a minimum of 12 semester hours at TAMIU.
4. Applicant must be pursuing a degree or certificate program at TAMIU.
5. Student must be actively participating (presenting paper, serving as panelist, etc.) in the conference/meeting.
6. To ensure adequate time for review, the application must be received by the Office of Student Success at least two weeks prior to travel.

Application Procedure

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

Reimbursement Procedure:

1. Upon written notification of award, you will need to provide your Student ID number.
2. During your meeting: Save receipts from travel (airfare, taxi, gas), registration, food and lodging receipts as available.
3. Upon return: Attach your receipts to the award letter then deliver to the Office of Student Success, USC 224 (don’t forget to keep copies for your personal records).
4. Reimbursement requests will be processed after receipts have been turned in to Student Success office. Checks are usually ready within one week after processing has been completed. Celinda Sarabia from The Office of Student Success will notify you when your check arrives.
5. Monies not claimed within 1 month of return date may be returned to the Student Travel Fund.
Texas A&M International University
A Member of The Texas A&M University System
Student Request for Travel Funds

Applicant Information

Date: ______________

Student Name: ___________________________ Student ID: ___________________________

Home Phone: ___________________________ Cell phone: ___________________________

Local Address: ___________________________ Email: ___________________________

Department/College: ___________________________

Classification: ______________ Degree: ___________________________

Major: ___________________________ Anticipated Graduate Date: ______________

Emergency Contact Information

Name: ___________________________ Home Phone: ___________________________

Address: ___________________________ Relation: ___________________________

Conference/Meeting Information

Conference or Meeting Name: ___________________________

Location: ___________________________

Date/s: ___________________________

Departure from Laredo Date & Time: ___________________________

Arrival at Conference Date & Time: ___________________________

Departure from Conference Date & Time: ___________________________

Arrival back to Laredo Date & Time: ___________________________
Indicate nature of your participation in conference  
(Attach proof of conference participation)

☐ Conference Planning Committee  ☐ Presenter-Individual  
☐ Presenter-Panel  ☐ Other TAMIU panelist: ________________________________

Other: ______________________________________________________________

Other Activities you will be participating in at the Conference or Meeting

____________________________________________________________________

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

**Funding History**

Have you ever received support from the TAMIU Student Travel Fund  
If yes, when and how much?  Dates:________________________  Amounts: $______________

Conference/Meeting Name and Location: _________________________________

**Proposed Travel Budget**

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Air Fare</td>
<td>$</td>
</tr>
<tr>
<td>Registration</td>
<td>$</td>
</tr>
<tr>
<td>Car Rental</td>
<td>$</td>
</tr>
<tr>
<td>Misc.</td>
<td>$</td>
</tr>
</tbody>
</table>

Lodging $_________

Meals $_________

Gas $_________

Total Amount Requested: $______________

**Other Sources of Travel Funds**

<table>
<thead>
<tr>
<th>Source</th>
<th>(Y/N) Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department</td>
<td>(Y/N) Amount</td>
</tr>
<tr>
<td>College</td>
<td>(Y/N) Amount</td>
</tr>
<tr>
<td>Conference/Association</td>
<td>(Y/N) Amount</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
</tr>
</tbody>
</table>

Will others (students, faculty or staff) from TAMIU be attending the same conference/meeting?  Y / N

- If yes, who else will be traveling to the conference?
- Will one or more of these individuals be sharing travel expenses with you?  
  (i.e. gas, hotel, car rental, etc.)  Y / N

If others from TAMIU will be attending this conference/meeting and you will NOT be sharing travel expenses, please specify why.
Approvers

Recommended by and date:

Faculty Sponsor ___________________________  Date: __________

Department Chair _________________________  Date: __________

Dean ________________________________  Date: __________

Approved by and date:

VP of Student Success ___________________________  Date: __________

Amount: $________________________________

cc:  Applicant  Dean  PVPAA
WAIVER, INDEMNIFICATION, AND MEDICAL TREATMENT

AUTHORIZATION FORM

1. EXCUSPATORY 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-parties 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.

TAMUS-OGC-Approved 08/29/2006