Thanks to a generous gift from Dwight & Fern Sample and their daughter, Mary Willette, the L. Robert Payne School of Hospitality & Tourism Management is excited to offer a study/work abroad travel allowance to a LIMITED number of HTM and RTM students!

Details:

- All HTM & RTM students completing a study, work or internship in a foreign country are eligible to apply for a travel grant;
- Funds must be used for round-trip travel to and from the country;
- Study abroad must be for SDSU credit and approved by the study abroad office and the L. Robert Payne School director;
- Internship or work abroad must be approved by the faculty or internship director;
- The travel allowance will pay for up to 80% of the airfare up to a maximum of $1,000.

How to apply:

1. Complete the “HTM Study or Work Abroad Travel Allowance Form” available from the school office and obtain the required signatures.
2. Subject to availability of funds, the school will approve all reasonable requests.
3. Upon approval you will be asked to submit your acceptance letter, receipts & detailed itinerary for your air travel, and Foreign Travel Questionnaire (get from HTM). These items will be administered by the reception team in the school’s office.
4. Students must be in good academic standing with the University and enrolled at SDSU the semester prior to study or work abroad.
Please provide to HTM office:
1. Acceptance letter
2. Airline itinerary including cost
3. Proof of payment
4. Foreign Travel Questionnaire (get from HTM)

*Please allow 4-6 weeks for processing*

**Study/Intern Abroad Travel Request Application**

Last Name: ___________________ First Name: ___________________

Red ID: ___________________ Home Address: ___________________

Phone: ___________________ City, State: ___________________

E-mail: ___________________ Zip: ___________________

Total Airfare: $________

**Maximum reimbursement will be 80% of cost up to a $1,000 reimbursement**

Major: HTM: _______ RTM: _______

Purpose of Travel: Study: _______ Work: _______

Study Abroad: Country: _______ School: _______

Work Abroad: Country: _______ Organization: _______

Applicants’ signature: ___________________ Date: _____________

Faculty approval (for internship) or Study Abroad approval:

X ___________________ Date: _____________

Staff Name: ___________________ Department: ___________________

Staff Phone: ___________________ E-mail: ___________________
# Foreign Travel Insurance Program (FTIP) Request for Insurance

## Traveler Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td></td>
</tr>
<tr>
<td>First Name</td>
<td></td>
</tr>
<tr>
<td>Primary Phone Number</td>
<td></td>
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<tr>
<td>Alternate Phone Number</td>
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<tr>
<td>Email Address</td>
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<tr>
<td>Alternate Email Address</td>
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<tr>
<td>Emergency Contact</td>
<td></td>
</tr>
<tr>
<td>Phone #</td>
<td></td>
</tr>
<tr>
<td>Name of Immediate Family Member(s) Needing Coverage (traveler to pay):</td>
<td></td>
</tr>
</tbody>
</table>

### Travel Information

- **Travel Destination(s) including cities, regions, countries:**
- **Is destination on the U.S. Department of State Travel Warning List?**
  - Yes
  - No
- **Is destination on the CSU High Hazardous Country List?**
  - Yes
  - No
- **CSU War Risk List?**
  - Yes
  - No
- **Departure Date from United States:**
- **Return Date to United States:**
- **Purpose of Travel:**
  
- **Describe any High Risk Activities (i.e. scuba diving, rock climbing, surfing):**
- **Is traveler enrolled in U.S. Department of State Smart Traveler Enrollment Program (STEP)?**
  - Yes
  - No

## Trip Details

- **Transportation To / From International Destination:**
  - Air
  - Motor Vehicle
  - Ship/Boat
  - Other
- **If Air, airports(s):**
- **If Motor Vehicle, type:**
  - Personal Car
  - Rental Car
  - Hired Car
  - Bus
- **Lodging:**
  - Hotel / Facility Name:
  - Address:
  - Hotel / Facility Phone Number:
- **Transportation To / From Lodging:**

## Site Visit Details

- **Location:**
- **Address:**
- **Point of Contact Name:**
- **Point of Contact Phone Number:**

## Faculty-led / Group Trip

- **Primary SDSU Contact:**
- **SDSU Contact Phone Number:**
- **Traveling with Other Employees:**
  - No
  - Yes
  - Name(s):
- **Traveling with Students:**
  - No
  - Yes
  - Name(s):

## Travel Approval

- **San Diego State University President or Designee**
- **Date:**
- **Chancellor's Office (War Risk destinations only)**
- **Date:**

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1 SDSU Employees (including student employees): forward form with T2 for approval. Please contact Nancy Demich at 594-5937 about the Foreign Travel Insurance Program.
2 SDSU Research Foundation Employees and Students on Grants: forward form to riskmanagement@foundation.sdsu.edu or send to Mary Manesia (MC-1945 or fax 594-2363).
3 SDSU Students: please contact Office of International Programs at 594-1354 for further instructions.

Updated: 1/8/15