Study/Work Abroad Travel Allowance Available for HTM and RTM Students!

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 $1,200.
- Subject to availability of funds, the school will approve all reasonable requests.
- Students must be in good academic standing with the University and enrolled at SDSU the semester prior to study or work abroad.

**How to apply:**

Upon approval you will be asked to submit:

- Study/Intern Abroad Travel Request Application
- T2 Travel form
- Proof of Foreign Travel Insurance
- Acceptance letter
- Airline itinerary including cost (Must show cost breakdown)
- Proof of payment (Account holder name must be listed)
- Direct Deposit Request Form (virtual)

**After you receive the money and go on your trip:**

1. Please write a Thank You note to Mary Willette. Please include what liked about the trip? what did you gain from this experience? why was it worth it? how are you different as a result of the trip? etc. Turn into the HTM office.
2. Please email htmasst@mail.sdsu.edu a picture and quote from your trip that we can use on our scholarship board and website.
Please submit to Payne School Office:

- Study/Intern Abroad Travel Request Application
- T2 Travel Form (Get from Desiree Warren)
- Proof of Foreign Travel Insurance Program
- Acceptance letter
- Airline itinerary including cost (Must show cost breakdown)
- Proof of payment (Account holder name must be listed)
- Complete Direct Deposit Form (Get link from Desiree Warren)

**Study/Intern Abroad Travel Request Application**

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<th>Last Name:</th>
<th>First Name:</th>
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<th>Phone:</th>
<th>City, State</th>
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Total Airfare: $ ________________

**Maximum reimbursement will be 80% of cost up to a $1,200 reimbursement**

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<tr>
<th>Major:</th>
<th>HTM:</th>
<th>RTM:</th>
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<thead>
<tr>
<th>Purpose of Travel:</th>
<th>Study</th>
<th>Work:</th>
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<thead>
<tr>
<th>Study Abroad:</th>
<th>Country</th>
<th>School</th>
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<th>Work Aboard:</th>
<th>Country</th>
<th>Organization</th>
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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

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<th>Primary Phone Number:</th>
<th>Alternate Phone Number:</th>
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<th>Alternate Email Address:</th>
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<tr>
<th>Emergency Contact:</th>
<th>Phone #:</th>
<th>Email Address:</th>
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<tr>
<th>Traveler Status (check one):</th>
<th>SDSU Employee</th>
<th>SDSURF Employee</th>
<th>Student</th>
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**Name of Immediate Family Member(s) Needing Coverage (traveler to pay):**

### 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 Other, specify:

If Motor Vehicle, type:

- [ ] Personal Car
- [ ] Rental Car
- [ ] Hired Car
- [ ] Bus

**Lodging:**

- [ ] Hotel / Facility Name:
- [ ] Hotel / Facility Phone Number:
- [ ] Address:

**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:**

1. SDSU Employees (including student employees): forward form with T2 for approval. Please contact Nancy Damich 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 Manesis (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*