



**SAN DIEGO STATE
UNIVERSITY**

L. Robert Payne School of
Hospitality & Tourism Management

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 \$1,000.



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.





SAN DIEGO STATE UNIVERSITY

L. Robert Payne School of Hospitality & Tourism Management

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 Aboard: 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**

Last Name: _____ First Name: _____
Primary Phone Number: _____ Alternate Phone Number: _____
Email Address: _____ Alternate Email Address: _____
Emergency Contact: _____ Phone #: _____ Email Address: _____
Traveler Status (check one): SDSU Employee ¹ SDSURF Employee ² Student ³
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 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 Manesis (MC-1945 or fax 594-2363).
³ SDSU Students: please contact Office of International Programs at 594-1354 for further instructions.