



**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 \$1,200.



### 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.



### 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.





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**Please provide to HTM office:**

1. Acceptance letter
2. Airline itinerary including cost with NON-Refundable on it
3. Proof of payment (copy of cc stmt or check)
4. Foreign Travel Questionnaire (get from HTM)
5. Write a Thank You note to Ms. Mary Willette

*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 \$1,200 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 <sup>1</sup>  SDSURF Employee <sup>2</sup>  Student <sup>3</sup>  
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: \_\_\_\_\_

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