

Required CSUN Psychology Student Travel Forms

All student planning to travel to a conference or a training event related or part of the CSUN education experience *must* complete the following forms and submit them to evelyn.osorio@csun.edu **at least 4 weeks prior to traveling** (if not submitted within this time frame, you run the risk of your request being *denied*). These forms must be completed even if you are not receiving any financial support for the travel from CSUN.

Check list for required forms:

- Travel Request Form + Conference Documents
 - PDF version of the conference, dates and location ("print" into PDF document this information from the conference website)
 - Copy of acceptance of presentation from the conference (if you have it)
- Academic Fieldwork Trip Waiver
- Student Air Travel *or* Private Car travel Voluntary Participation Notice + Documents
 - Copy of Driver's License
 - Copy of Auto Insurance Coverage
- Academic Field Trip Waiver
- Academic Field Trip Participant List

Once you have completed the forms and attached the needed documents:

- 1) submit everything to Evelyn Osorio (evelyn.osorio@csun.edu), in the Psychology Department.
- 2) You can then explore the different funding options at: <https://www.csun.edu/social-behavioral-sciences/psychology/student-travel>



APPROVAL OF TRAVEL REQUEST

TRAVEL INFORMATION:

TRAVELER'S NAME: CSUN ID: MAIL CODE: REQUISITION NO:
TRAVEL ARRANGER: EXT: DEPARTMENT NAME:
DESTINATION: CONFERENCE/AGENCY:

TRAVEL ITINERARY: LEAVING DATE: RETURN DATE:

Table with columns: ESTIMATE OF COSTS, AP/TRAVEL DEPARTMENT USE ONLY. Rows include AIRFARE, HOTEL, REGISTRATION, MEAL ALLOWANCE, GROUND TRANSPORTATION, INT'L TRAVEL INSURANCE, CAR RENTAL, PRIVATE CAR MILEAGE, OTHER BUSINESS EXPENSES, and TOTAL TRAVEL EXPENSE.

REQUIRED CHARTFIELDS:

ACCOUNT: FUND: DEPT ID: PROGRAM: CLASS: PROJECT: EXP LIMIT \$
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Traveler Signature: Date:

Chair/Supervisor Signature: Print Name: Date:

Financial Approver: Print Name: Date:

Dean/Director: Print Name: Date:

INTERNATIONAL TRAVEL APPROVAL:

Provost/VP Signature: Print Name: Date:

HIGH HAZARDOUS TRAVEL APPROVAL:

President Signature: Print Name: Date:

**Hotel rates exceeding \$275 per night, excluding taxes, must be approved prior to travel by the division VP or approved VP Designee. Justification must include an explanation of the necessity to stay within certain facilities (e.g. near or adjacent to meeting or other activities for which travel was approved).

VP OR APPROVED VP DESIGNEE APPROVAL FOR HOTEL RATE EXCEEDING \$275 PER NIGHT, EXCLUDING TAXES:

Print Name: Signature: Date:

[\(Reference Executive Order 1041\)](#)

Dear _____

You are participating in a California State University-affiliated program, which requires air travel and/or ground transportation.

Air and ground travel involves risks and could result in damage to property, injury to persons, and death. Please be informed that the California State University assumes no liability for any damage, injury or death which may occur during air travel required by the California State University-affiliated programs. Your participation in the program is voluntary, and you participate at your own risk.

Signature of President/Chancellor or Designee: _____

Please print name of signatory: _____

Please print title of signatory: _____

Date: _____

I acknowledge that I am signing the agreement freely and voluntarily, and understand the above statement.

Student Signature: _____

Student Name : _____

Date: _____

Student Authorization to Operate Privately Owned
Vehicle for any University-Affiliated Program or Trip

PROGRAM/TRIP INFORMATION:

Student Name: _____ Student ID#: _____

Course/Organization: _____ Program/Activity: _____

Destination: _____

Departure Date/Time: _____ Return Date/Time: _____

VEHICLE INFORMATION:

Drivers License #: _____ State: _____ Exp. Date: _____

Vehicle License #: _____ Make/Model: _____ Exp. Date: _____

Name of Vehicle's Registered Owner: _____

Insurance Provider: _____ Policy Number: _____

List Passengers Traveling in the Vehicle:

CERTIFICATION:

I hereby certify that, whenever I drive a privately owned vehicle to or from a University-affiliated event, I will have a valid driver's license in my possession, all persons in the vehicle will wear safety belts, and the vehicle shall always be:

1. Covered by liability insurance for the minimum amount prescribed by State Law (\$15,000 for personal injury to, or death of one person; \$30,000 for injury to, or death of, two or more persons in one accident; \$5,000 property damage).
2. Equipped with safety belts in operational condition.
3. To the best of my knowledge, in safe mechanical condition as required by law, and adequate for the work to be performed.

I further certify that I have no outstanding warrants. ***I further certify*** that while using a privately owned vehicle on University-affiliated business, I will report all accidents to the Office of Environmental Health & Safety (818) 677-2079 and form STD. 270 will be completed and filed within 48 hours of the accident.

I understand that in the case of an accident my personal vehicle insurance will be the primary coverage.

Student Signature: _____ **Date:** _____

APPROVAL:

Proof of Insurance has been verified and use of a privately owned vehicle on State business is approved:

Signature & Title: _____ Date: _____

Academic Field Trip Waiver of Liability and Hold Harmless Agreement

I, the undersigned participant, am requesting participation in the CSU, Northridge,

Name of department and college: _____

Activity: _____

that begins on: _____ and ends on: _____

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I **release from all liability and promise not to sue** the State of California; the Trustees of The California State University; California State University, Northridge and their employees, officers, directors, volunteers and agents (collectively "University") from any and all claims, **including claims of the University's negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.**

I agree to **hold** the University **harmless** from any and all claims, including attorney's fees or damage to my personal property, that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Participant's Signature : _____ Date: _____

Print Participant's Name _____ Phone No: _____

Instructor's Signature _____ Date: _____

Print Instructor's Name: _____ Phone No: _____

I am the parent or legal guardian of the Participant. I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to, from and during the Activity. I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this two-page document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Print Name of Minor Participant's Parent/Guardian

Date: _____

Signature of Minor Participant's Parent/Guardian

Minor Participant's Name



Participant List

Academic Department: _____ College: _____

Academic Field Trip Descriptive Title: _____

Field Trip Begins: _____ Field Trip Ends: _____

Faculty/Staff Emergency Contact Person: _____

Phone: _____ Alt Phone: _____ Email: _____

Please print clearly

Participant's Name:	Emergency Contact's Name/Relationship:	Contact's Phone:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____

Please maintain this list for two (2) years in the Academic Department. Add a second page if necessary.