

***GOVERNORS STATE UNIVERSITY  
STUDENT LIFE UNIT***

***STUDENT TRAVEL***

***CONFERENCE***

***FUND***

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# GOVERNORS STATE UNIVERSITY

## STUDENT TRAVEL/CONFERENCE FUND GUIDELINES / STUDENT LIFE UNIT

The Student Life Unit has established a student travel/conference fund through student activity fees. This fund is to provide travel assistance to Governors State University students who wish to represent GSU at a conference. Eligible travel requests must be intended to support the development of the leadership potential of the student recipient. The student applicant may not receive academic credit for the conference. The executive director of student life will administer this fund and approve all requests. Requests will be received on a first come, first served basis. A maximum of two students may be funded for any one out-of-state conference, unless documentation is provided to support a greater number needed

1. The student must be enrolled in academic good standing during the trimester the student applies for this assistance. This information must be provided in writing from the requestor.
2. All funding requests must be in writing and include a budget and documentation from the conference the student wishes to attend.
3. Requests for assistance for in-state conferences will cover the conference fees, and transportation costs. Travel support will be considered for a university vehicle, public transportation or personal vehicle. Requests must be submitted one month in advance.
4. Requests for out-of-state conferences must be submitted two months in advance. Out-of-state travel assistance will be considered for the conference fee, hotel, and public transportation, a university vehicle or personal vehicle.. Requests must be submitted two months in advance.
5. The maximum travel account for any requests under these guidelines is \$600.00 Students will be allowed a maximum of one trip out of this fund. This does not include requests for non-overnight conference assistance in the local area. Students will be allowed a maximum of two out-of-state trips per academic year from any student activity fee fund source.
6. The student's requests must be supported by one or more of the following:
  - A. A written recommendation from the executive committee of a chartered student organization.
  - B. A recommendation from a faculty member.
  - C. A written recommendation from a university director, dean, vice president or the president.
7. Student applicants must demonstrate that they have sought assistance from other potential contributors.
8.
  - a. Students attending a major or out-of-state conference will be expected to provide an activity for student leadership development service upon their return approved by the executive director of student life.
  - b. Travel vouchers must be completed and submitted to the Student Life Office within one week of return.
9. This fund is intended to assist students from each college but requests will be considered per these guidelines as received.
10. This fund is limited and approval is not guaranteed. (Students will be expected to travel at the least expensive rate and accept lodging on a double, same gender basis.)
11. Students are required to show proof of health insurance when traveling.
12. I have read, understand, and agree to abide by all requirements and regulations in the Student Travel/Conference Fund Guidelines.

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Signature

Date

**GOVERNORS STATE UNIVERSITY  
STUDENT LIFE UNIT**

**REQUEST FOR IN-OUT-OF-STATE TRAVEL**

Request Date \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/

Name of Traveler: \_\_\_\_\_

Title: \_\_\_\_\_ E-Mail: \_\_\_\_\_

GSU Student ID Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Destination: \_\_\_\_\_

Purpose of Trip: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

**Estimated Expenditures:**

Transportation:    \_\_\_\_ Air    \_\_\_\_ Train    \_\_\_\_ Bus    \_\_\_\_ Auto    \$ \_\_\_\_\_

Lodging: \_\_\_\_\_ \$ \_\_\_\_\_

Meals (per diem) \_\_\_\_\_ \$ \_\_\_\_\_

Registration: \_\_\_\_\_ \$ \_\_\_\_\_

Ground Transportation: \_\_\_\_\_ \$ \_\_\_\_\_

**Total \$ \_\_\_\_\_**

**Budgetary Unit to be Charged:** \_\_\_\_\_

Unit Account Number \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/

Traveler's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by  
Budgetary Unit Head: \_\_\_\_\_ Date: \_\_\_\_\_

**GOVERNORS STATE UNIVERSITY  
STUDENT LIFE UNIT**

Name \_\_\_\_\_

GSU Student ID Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

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**WAIVER AND RELEASE**

The undersigned, in consideration of participation by (1) \_\_\_\_\_  
\_\_\_\_\_ in the (2) \_\_\_\_\_  
offered by Governors State University on (3) \_\_\_\_\_  
does hereby irrevocably, personally, and for his or her heirs, assigns, and legal  
representatives, release and waive any and all claims, demands and causes of action  
which the undersigned may now or in the future have against the Board of Trustees,  
Governors State University, and members, representatives, officers, agents, and  
employees of each of them for any and all personal injuries or property damage,  
however caused, resulting from, arising out of, or in any way connected with the  
aforesaid (2) \_\_\_\_\_  
\_\_\_\_\_.

The undersigned covenants not to cause any action at law or in equity to be brought,  
or permit such to be brought on his or her behalf, either directly, or indirectly, on  
account of the occurrence of any of the aforesaid parties and affirms that he or she  
is of legal age, competent to sign this waiver and release, and has read understands,  
and agrees to abide by all of the provision herein contained.

Date \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
(Witnessed)

\_\_\_\_\_  
(Signed)

- 
1. Indicate your Name
  2. Indicate Conference
  3. Indicate Date(s)

GOVERNORS STATE UNIVERSITY  
STUDENT LIFE UNIT

**HEALTH COVERAGE MUST BE AVAILABLE TO YOU  
WHEN TRAVELING.**

**IF YOU HAVE HEALTH INSURANCE, PLEASE SUBMIT  
A DUPLICATED COPY OF THE FRONT AND BACK OF  
YOUR INSURANCE CARD WITH YOUR TRAVEL  
REQUEST.**

**IF YOU DO NOT HAVE HEALTH INSURANCE, PLEASE COMPLETE  
THIS FORM.**

*I, \_\_\_\_\_, release*

***GOVERNORS STATE UNIVERSITY OF ALL LIABILITY  
AND HEALTH COSTS INCURRED DURING:***

*Name of Conference: \_\_\_\_\_*

*Date(s) of Conference: \_\_\_\_\_*

*Location: \_\_\_\_\_*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**GOVERNORS STATE UNIVERSITY  
STUDENT LIFE UNIT**

**To: Registrar's Office**

**From:** \_\_\_\_\_  
**Student Life Unit**

**Date:** \_\_\_\_\_

**PLEASE SEND THE STUDENT LIFE UNIT  
ENROLLMENT/ACADEMIC GOOD STANDING  
VERIFICATION ON THE FOLLOWING STUDENT:**

**Name:** \_\_\_\_\_

**GSU Student ID Number:** \_\_\_\_\_

**Trimester:** \_\_\_\_\_

**Please send this information by \_\_\_\_\_.**

**Thank you for your cooperation.**