



# Texas A&M International University Student Participation Agreement for Professional Development

TEXAS A&M INTERNATIONAL UNIVERSITY  
A Member of The Texas A&M University System

Office of Graduate Studies and Research



Lamar Bruni Vergara  
Educational Fund for Graduate Students

Event name: \_\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

SPONSORED BY: \_\_\_\_\_

I, the undersigned voluntarily participate with the Texas A&M International University event stated above; agree to abide the following University regulations:

1. I will observe and be subject to the Student Code of Conduct as outlined in the Student Handbook.
2. I will attend the regular session of the activity or conference.
3. I will behave in such away as to bring credit to the University.
4. I will keep the University representative coordinating these activities informed of my whereabouts at all times.
5. I understand that the provided transportation is not obligated to wait for late arriving participants after the announced time of departure, and it is the responsibility of the participant who has missed such transportation to secure other transportation by their own means.
6. I authorize the University representative coordinating these activities to: secure reasonable medical treatment from the local hospital, clinic or EMS service for the participant should the University representative believe it necessary or appropriate to do so without my permission.

Identify below information about responsible persons who will serve as a University contact in case of emergency.

### At my home campus

Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

### At activity-conference site

Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Time covered: \_\_\_\_\_  
 \_\_\_\_\_  
 Agreed Participant Signature

IN SIGNING THIS AGREEMENT, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Agreement, understand it and sign it voluntarily as my own free act and deed, no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made. I am at least eighteen (18) years of age and fully competent; and I execute this agreement in full, adequate and complete consideration fully intending to be bound by same.

Participant's full name and ID number (print clearly)

Date of birth

Participant's name or signature if 18 years of age or older

Date

Signature of Parent or Guardian if under 18 years of age

Date

## Graduate Student Travel Fund Guidelines and Procedures

The purpose of the TAMIU Graduate Student Travel Fund is to provide monetary assistance to individual graduate students who wish to attend conferences for professional development related to their academic pursuits at TAMIU. To provide assistance to as many students as possible 1) total funds per student may not exceed \$500 and 2) a student may receive funds no more than once per academic year.

### Eligibility Guidelines

1. The applicant must be a current TAMIU graduate student.
2. Be in good standing for their classification.
3. Graduate students must be enrolled for a minimum of 6 semester hours at TAMIU and/or a collaborating institution within the A&M System.
4. Applicant must be pursuing a degree or certificate program at TAMIU and/or a collaborating institution within the A&M System.
5. Student must be actively participating (presenting paper, serving as panelist, etc.) in the conference/meeting.
6. To ensure adequate time for review, the application must be received by the Office of Graduate Studies and Research at least two weeks prior to travel.

### Application Procedure

1. Complete all sections of the Graduate Student Request for Travel Funds application.
2. Provide proof of conference participation (acceptance letter, registration receipt, written verification from faculty advisor, etc.)
3. Provide explanation as to your role in the conference and the importance of this conference in your academic career at TAMIU.
4. Complete a Travel Liability Waiver Form (applications without this form will not be considered).

### Reimbursement Procedure:

1. Upon written notification of award, you will need to provide your Student ID number.
2. During your meeting: Save receipts from travel (airfare, taxi, gas), registration, food and lodging receipts as available.
3. Upon return: Attach your receipts to the award letter, then deliver to the Office of Graduate Studies and Research, KL 326 (don't forget to keep copies for your personal records).
4. Reimbursement requests will be processed within four business days after receipts have been turned in. Checks are usually ready within one week after processing has been completed. Someone from the Office of Graduate Studies and Research will notify you when your check arrives.
5. Monies not claimed within one month of return date may be returned to the Graduate Student Travel Fund.

## Applicant Information

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

Local Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Department/College: \_\_\_\_\_

Degree or Certificate: \_\_\_\_\_

Major: \_\_\_\_\_ Anticipated Graduate Date: \_\_\_\_\_

## Conference/Meeting Information

Conference or Meeting Name: \_\_\_\_\_

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

Date/s: \_\_\_\_\_

Departure from Laredo Date and Time: \_\_\_\_\_

Arrival at Conference Date and Time: \_\_\_\_\_

Departure from Conference Date and Time: \_\_\_\_\_

Arrival back to Laredo Date and Time: \_\_\_\_\_

Indicate nature of your participation in conference  
(Attach proof of conference participation)

Conference Planning Committee

Presenter-Individual \_\_\_\_\_

Presenter-Panel

Other TAMIU panelist: \_\_\_\_\_

Other activities you will be participating in at the Conference or Meeting: \_\_\_\_\_

\_\_\_\_\_

On a separate page, attach an explanation as to your role in the conference and the importance of this conference to your academic career at TAMIU.

## Funding History

Have you ever received support from the TAMIU Graduate Student Travel Fund?

If yes, when and how much?

Dates: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Conference/Meeting Name and Location: \_\_\_\_\_

## Proposed Travel Budget

Air Fare \$ \_\_\_\_\_

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

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

Meals \$ \_\_\_\_\_

Car Rental \$ \_\_\_\_\_

Gas \$ \_\_\_\_\_

Misc. \$ \_\_\_\_\_

Total Amount Requested: \$ \_\_\_\_\_

## Other Sources of Travel Funds

Department Amount: \$ \_\_\_\_\_

College Amount: \$ \_\_\_\_\_

Conference/Association Amount: \$ \_\_\_\_\_

Other (please specify) \_\_\_\_\_

Will others (students, faculty or staff) from TAMIU be attending the same conference/meeting?  Yes  No

• If yes, who else will be traveling to the conference? \_\_\_\_\_

• Will one or more of these individuals be sharing travel expenses with you?  
(i.e. gas, hotel, car rental, etc.)  Yes  No

If others from TAMIU will be attending this conference/meeting and you will **NOT** be sharing travel expenses, please specify why.

\_\_\_\_\_

## Approvals

Recommended by and date:

Faculty Sponsor \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair \_\_\_\_\_ Date: \_\_\_\_\_

College Dean \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Dean of Graduate Studies and Research

Amount: \$ \_\_\_\_\_

cc: Applicant

College Dean

Department Chair