

## Marcus Undergraduate Student Presentation Grant

The Marcus Undergraduate Student Presentation Grant awards grants up to \$1000 for student majors in the College of Liberal & Creative Arts who will present their work at an in-person or virtual peer-reviewed or juried conference/meeting/exhibit (e.g., a presenter of a paper, exhibitor of a creative project, or performer).

*Applications are accepted on a rolling basis during the academic year.*

Student expenses for travel and or registration fees will be funded only if the following conditions are met and the request is approved ***in advance*** by the students' department chair.

### GUIDELINES:

1. Must be a currently enrolled undergraduate at SF State and majoring within the College of Liberal and Creative Arts.
2. Must be an active participant in the peer-reviewed or juried conference/meeting/exhibit (e.g., a presenter of a paper, exhibitor of a creative project, or performer.)
3. Funding can be spent on transportation, lodging, meals, and conference registration, and meals limited to \$55 per diem (day) and/or reimbursement limitations (e.g., no reimbursement for alcoholic beverages.)
4. No more than \$1000 will be awarded per student each fiscal year. Funds must be expended in accordance with state travel regulations. Funding requests to travel outside of the U.S. must follow current CSU International Travel/Travel to High-Risk Countries guidelines and the advance process necessary through the college dean (or designee), Risk Management, the provost and the president. **NOTE:** Travel insurance is required for all International Travel with the insurance cost being deducted from the allocation.
5. May not be reimbursed for mileage or the cost of a rental car unless he/she/they is employed by the University (or appointed as a volunteer) and meets the SF State Driver Safety Program requirements.
6. Applications must be submitted at least 30 days prior to domestic travel and at least 45 days prior to international travel.
7. For SF State/CSU detailed travel information, please go to: [CSU Travel Policy](#)

**PROCEDURES:**

- 1. Complete the grant application form (following pages) and include the following:**
  - a. Accepted abstract or submission.
  - b. Evidence of your participation (e.g., a letter of invitation or acceptance from the conference/meeting or a copy of the conference/meeting program that lists your presentation.)
  - c. A brief statement indicating how participation in this conference/meeting will enhance your educational goals (200-400 words).
- 2. If traveling to your conference, complete the following:**
  - a. Section for Request for Authorization to Travel lines 1–8 and sign on line 10.
  - b. Section for Release of Liability, Promise Not to Sue, Assumption of Risk and Agreement to Pay Claims.
    - i. For international travel, please also contact [Taylor Myers](mailto:Taylor.Myers@sfu.ca)  
[tmyers1@sfsu.edu](mailto:tmyers1@sfsu.edu)
  - c. If traveling to a high-risk country or banned state, you will need to complete an [Authorization for One Time Exception to Policy form](#).
- 3. Submit to Taylor Myers** by email [tmyers1@sfsu.edu](mailto:tmyers1@sfsu.edu) or in person in the LCA Dean's office (Marcus Hall 404). He will review your application materials for completion and forward to your Department Chair/Director to endorse your request.

Please direct questions to: Taylor Myers [tmyers1@sfsu.edu](mailto:tmyers1@sfsu.edu)

**To be completed by the student applicant:**

**APPLICANT INFORMATION**

APPLICANT NAME		TODAY'S DATE	SFSU ID#
PHONE NUMBER	EMAIL	DEPARTMENT	MAJOR
HOME ADDRESS		CITY, STATE	ZIP CODE

**CONFERENCE INFORMATION**

TITLE OF CONFERENCE		NAME OF ORGANIZATION SPONSORING THE CONFERENCE	
DATES OF CONFERENCE	CONFERENCE REGISTRATION FEE		
TYPE OF PRESENTATION Oral, poster, performance, etc.		TITLE OF PRESENTATION	

**IF TRAVELING to PRESENTATION**

DEPARTURE CITY City, State, Country		DESTINATION City, State, Country	
PLACE OF CONFERENCE Institution, convention center, etc.			
AIRFARE ESTIMATE		LODGING ESTIMATE	

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**To be completed by the Department Chair:**

Based on its adherence to the guidelines stated above and its educational merits, I

- Endorse the request
- Deny the request

Department chair Signature \_\_\_\_\_ Date \_\_\_\_\_



**REQUEST FOR AUTHORIZATION TO TRAVEL / Travel Advance**

**Instructions:**

- A. Complete this form and submit it to the appropriate administrator for approval prior to making reservations.
- B. If no Travel Advance is being requested, attached the completed and approved form to the travel claim upon your return. Note that all travel claims must be submitted to Accounts Payable within 60 days of the trip's end.

1. Traveler's name: \_\_\_\_\_ SFSU ID \_\_\_\_\_ Phone No: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Email: \_\_\_\_\_ Purpose of Travel: \_\_\_\_\_

4. Destination: \_\_\_\_\_ Mode of Travel: \_\_\_\_\_

5. Conference Start and End Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

6. Subsistence: \_\_\_\_\_ Day(s) x \_\_\_\_\_ at \$ \_\_\_\_\_ Per Day = \_\_\_\_\_ Total \$

7. Registration fees: \_\_\_\_\_ Airfare: \_\_\_\_\_ Lodging\*: \_\_\_\_\_ Other (Specify): \_\_\_\_\_

8. Total estimated cost of trip (include direct billed airfare, hotel and/or vehicle): \_\_\_\_\_

9. ChartField to be charged: \_\_\_\_\_ Fund \_\_\_\_\_ Dept \_\_\_\_\_ Program \_\_\_\_\_ Class \_\_\_\_\_ Project \_\_\_\_\_

10. I request authorization to travel as documented above. I certify that: (1) If a motor vehicle is used, I have completed a defensive driving class and, (2) If a *private* motor vehicle is used, I have a current Form STD 261 Authorization to Use Privately Owned Vehicle on State Business on file.

Signature of Traveler \_\_\_\_\_ Date: \_\_\_\_\_

11. I request a **Travel Advance** to be used for University Business in the amount of \$ \_\_\_\_\_ (available only for international trips). Failure to substantiate expenses and return any unused cash advance amounts, the University is obligated under IRS regulations to consider such amount as income to the employee and will be reported through payroll system as additional wages to the employee.

**Disposition of Travel Advance Check:** \_\_\_\_\_ Mail \_\_\_\_\_ Pick Up \_\_\_\_\_

Signature of Traveler: \_\_\_\_\_ Date: \_\_\_\_\_

Dept Chair Approver: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean/Admin Approver: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Additional Approvals for Foreign Travel Risk:**

Risk Management: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Vice President: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

President: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Chancellor: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Pre-Authorization For Exception to the Travel Policy (e.g. hotel rate) please use the attached form. \*\*



# SAN FRANCISCO STATE UNIVERSITY

Dear \_\_\_\_\_ :

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

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

Prior to undertaking a California State University-affiliated air and/or ground travel, you will be required to sign a "Release of Liability, Promise not to Sue, Assumption of Risk and Agreement to Pay Claims" statement. Please review the statement carefully before signing. If you have any questions about this advisory or the statement, please feel free to contact me at [riskmgmt@sfsu.edu](mailto:riskmgmt@sfsu.edu).

Sincerely,

Michael Beatty  
Risk Manager

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To be completed by travel participant:

My signature below acknowledges that I have received, read and understand this advisory.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# SAN FRANCISCO STATE UNIVERSITY

## RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

Activity:

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Activity Date(s) and Time(s): \_\_\_\_\_

Activity Location(s): \_\_\_\_\_

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, San Francisco State University, 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.**



# SAN FRANCISCO STATE UNIVERSITY

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 been informed and understand there remains a risk of exposure to COVID-19. I understand that regardless of any precautions taken, an inherent risk of exposure to COVID-19 will exist.

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 Signature: \_\_\_\_\_

Participant Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

*If Participant is under 18 years of age*

I am the parent or legal conservator/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.

\_\_\_\_\_  
Signature of Minor’s Participant’s Parent/Guardian

\_\_\_\_\_  
Name of Minor’s Participant’s Parent/Guardian (print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Minor Participant’s Name  
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**SUBMISSION CHECKLIST:**

- Accepted abstract or submission.
- Evidence of your participation (e.g., a letter of invitation or acceptance from the conference/meeting or a copy of the conference/meeting program.)
- A brief statement indicating how participation in this conference/meeting will enhance your educational goals (200-400 words.)
- This application form.
- If traveling to the presentation:
  - Section for Request for Authorization to Travel lines 1-8 and signed on line 10.
  - Section for Release of Liability, Promise Not to Sue, Assumption of Risk and Agreement to Pay Claims completed and signed.
- For international travel, please contact Taylor Myers [tmyers1@sfsu.edu](mailto:tmyers1@sfsu.edu)