

DEAN OF STUDENTS PROFESSIONAL DEVELOPMENT FUNDING REQUEST FORM

Students must be enrolled at time of travel. Complete the following forms, attach a letter of support from the approving faculty/staff member. Forms must be submitted 30 days prior to date of travel to the **Dean of Students in Academic Hall 010 – MS 3375**. If funding is approved by the Dean of Students the student has five (5) working days to submit original receipts to their respective department after returning from the trip. If you return receipts for your reimbursement that are in another person's name, you must also return a dated, signed statement from that person indicating the amount you gave to them for your portion of the cost.

_____ **S0** _____ / /
Name Student ID Date

_____ City State ZIP
Local Street Address

() _____ @semo.edu
Local Telephone Your University Email

_____ Major
Name of University Faculty or Staff Sponsor *(cannot be another student)*

Please indicate: _____ State _____ Regional _____ National meeting/conference

_____ Presenting: Yes No
Name of Organization

_____ Dates of travel
Location of meeting/conference

Purpose *(please explain fully):*

Explain how this activity will benefit you as a student as well as the University:

Estimated Expenses:

Transportation \$ _____ Meals \$ _____ Room \$ _____

Registration \$ _____ Other \$ _____ TOTAL \$ _____

Other Funding Sources: _____ Amount \$ _____

Faculty/Staff Endorsement: *I endorse the student's attendance at this event and have assisted student with travel budget.*

Signature of Student

Signature of Faculty or Staff Sponsor

Dean of Students (Designee)

Date

\$ _____
Amount Approved

Student Travel Release Form

I understand and agree that university-related activities of Southeast Missouri State University (including travel for these activities) involve certain known risks, including but not limited to, transportation accidents, personal injuries, and loss or destruction of my property. I understand and agree that Southeast Missouri State University cannot be expected to control all of said risks. In consideration of the benefits I will receive through my participation in the activities of Southeast Missouri State University, I hereby expressly and knowingly **RELEASE SOUTHEAST MISSOURI STATE UNIVERSITY, ITS OFFICERS, AGENTS, VOLUNTEERS, AND EMPLOYEES FROM ANY AND ALL CLAIMS AND CAUSES OF ACTION I MAY HAVE FOR PROPERTY DAMAGE, PERSONAL INJURY OR DEATH SUSTAINED BY ME ARISING OUT OF ANY TRAVEL OR ACTIVITY CONDUCTED BY, OR UNDER THE AUSPICES OF SOUTHEAST MISSOURI STATE UNIVERSITY, WHETHER CAUSED BY MY OWN NEGLIGENCE OR THE NEGLIGENCE OF SOUTHEAST MISSOURI STATE UNIVERSITY, ITS OFFICERS, AGENTS, VOLUNTEERS, OR EMPLOYEES.**

I hereby understand that the cost of any medical treatment for any of the situations listed above will be my responsibility.

SIGNATURE: _____ **DATE:** _____
(PARTICIPANT)

If the participant is under 18, I am signing as a parent or guardian to reflect my agreement to indemnify (that is, protect by payment or reimbursement) Southeast Missouri State University from any claim which may be brought by or on behalf of the participant, or any member of the participant's family, for injury or loss resulting from those inherent risks of the course, described above, and from the negligence of the participant or Southeast Missouri State University.

SIGNATURE: _____ **DATE:** _____
(PARENT OR GUARDIAN)