



## Student Travel Guidelines

### Student Travel

The purpose of the Student Travel policy (STU 01-300) is to set forth University rules and procedures regarding student and pre-college University program participant travel and to comply with [The University of Texas System policy](#) and state law (Texas Education Code §51.950) relating to student travel. University students may travel off campus when representing a student organization, University department, or engaging in intercollegiate competition or academic activities. Examples of student travel include, but are not limited to, class field trips and assignments; attendance at scholarly or professional conferences; University-funded student organization travel; class trips for educational or cultural enrichment; athletic, student publication, dramatic, music, or forensic competition or performances; student leadership conferences; placement forums; and graduate school visits.

Travel by students is most commonly associated with the work of sponsoring faculty members such as participating in assigned practica or rotation experiences, conducting field studies, and attendance and/or presentations at professional organizations. In these situations, it is the responsibility of the sponsoring faculty member and his or her department or other university sponsor to assure that students traveling on their behalf are aware of travel rules and regulations.

If any currently enrolled UTRGV student or registered Student Organization must travel to attend an activity or event that is located more than 25 miles away from a UTRGV campus from which travel will originate; and

- Travel to the activity or event is planned or funded and undertaken using a personal vehicle, rental vehicle, public transportation (plane, bus, etc.) or a vehicle owned, rented or leased by the University.
- Attendance at the activity or event is required by a registered student organization and approved in accordance with this Policy.

### The following forms must be completed:

- Authorization for Student Travel Form
- A *Release and Indemnification Agreement Form* for each student attending.
- If more than ten (10) students are in attendance a list of names plus student identification numbers should be included in the packet.

Please submit the forms to the Office of the Dean of Students, Brownsville-Cortez Rm. 204 or Edinburg-University Center Rm. 323 **no later than ten (10) business days prior to departure date.**

## Travel Tips:

- Each group must designate a Travel Coordinator who is responsible for submission of all travel documentation and will ensure all necessary information is completed on all UTRGV Travel Forms.
- When possible, the advisor or groups sponsor should travel with the group and serve as travel coordinator.
- All drivers for any student travel must have a valid Driver's License. As per policy, driver may not drive longer than four (4) continuous hours without a scheduled rest stop. The rest stop must last a minimum of 30 minutes before that same driver may resume driving. Total driving time within a 24 hours period may not exceed 8 hours per authorized driver. Driving shall not occur between the hours of 11:00pm and 6:00am without prior approval from Environmental Health, Safety, and Risk Management.
- In case of an accident, the Travel Coordinator or designee responsibility is for contacting University Police Department Ph#: (956) 665-7151 or (956) 882-8232 who will notify the appropriate personnel. All registered students involved in a vehicle accident are required to visit with Student Health Services upon their return, regardless of the extent of any injury incurred.  
*Note: Pre-college University program participants that are not enrolled at UTRGV are not eligible for medical care at Student Health Services.*
- Prior to leaving, each group must receive a pre-trip orientation, which must include:
  - Applicable rules of conduct as per the University's Student Conduct Code and the Student Travel Policy;
  - Itinerary and contact information;
  - Safety issues while traveling and while at the destination point.
    - Parents/guardians of participants of pre-college University programs will receive pre-trip orientation information as per the program's guidelines.
    - Students who use their own vehicle or another privately owned vehicle for approved travel are expected to follow all safety requirements set out in the Student Travel policy. In addition, the student's personal auto insurance will be primary at all times when the student uses their vehicle for University travel.
- All students who travel with a group are required to stay with that group throughout the duration of the trip. Pre-college University program participants who are not enrolled as students at the University must abide by the policy and procedures for their program.

Refer to STU 01-300 Student Travel in the Handbook of Operating Procedures for additional information.

*Office of the Dean of Students*  
Cortez 204-Brownsville | University Center 323-Edinburg  
(956) 882-5141 | (956) 665-2260  
[dos@utrgv.edu](mailto:dos@utrgv.edu)



# AUTHORIZATION FOR STUDENT TRAVEL FORM

THE UNIVERSITY OF TEXAS RIO GRANDE VALLEY  
DEAN OF STUDENTS Email: dos@utrgv.edu  
Brownsville Office: Cortez 204 Edinburg Office: UC 323  
Phone: 956-882-5141 Phone: 956-665-2260

Please fill out form and return to the Office of the Dean of Students, at least 10 business days prior to the trip. **Incomplete travel packets will not be accepted.**

**I. Requestor Information: The requestor is the only individual who will receive notification upon approval of this trip.**

Name of Requestor: \_\_\_\_\_ Date: \_\_\_\_\_  
This individual will be responsible for issuing out approved form to appropriate departments  
Position/Title: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Department/Organization: \_\_\_\_\_  
Notification upon approval:  Fax: \_\_\_\_\_ OR  Email: \_\_\_\_\_

**II. Trip Information: Must be in compliance with Student Travel Policy located in Handbook of Operating Procedures, Section 5.6.3**

Date(s) of Travel: Departure date \_\_\_\_\_ Return date \_\_\_\_\_  
Location: \_\_\_\_\_ Place of visit: \_\_\_\_\_  
City, State (please include Country if international trip) \_\_\_\_\_ Departing Campus: \_\_\_\_\_  
Purpose of Trip: \_\_\_\_\_  
Total number of Travelers: \_\_\_\_\_ · Number of Undergraduate Students: \_\_\_\_\_ · Number of Graduate Students: \_\_\_\_\_  
· Number of Non-Students Participants: \_\_\_\_\_ · Number of Minors: \_\_\_\_\_  
Type of Transportation: Please select those which apply  
 Personal Vehicle  University Vehicle  Rental Vehicle: Company \_\_\_\_\_  
 Public Transportation: Type (plane, bus, etc.) \_\_\_\_\_ Company \_\_\_\_\_  
Expenses Information: Please fill if applicable  
Expenses paid by: \_\_\_\_\_ Account No. (If University Account): \_\_\_\_\_

**III. Faculty/Advisor Approval: A Release and Indemnification Agreement Form must be attached for each student.**

This person should be able to answer questions in case of an emergency:  
Name of Trip Coordinator: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
1. \_\_\_\_\_ 2. \_\_\_\_\_  
Faculty Member / Advisor's Name Faculty Member / Advisor's Signature Date

Check list: For Office Use Only; Please Initial

_____ Received by: date	_____ Scanned
_____ Information Complete	_____ Date Emailed
_____ Logged	_____ Date Faxed
	_____ Filed

**Important: Applicants submitting the International Form are required to collect the date and initials below prior the submission of the form.**

**International Oversight Committee (IOC):**  
Date & Initial: \_\_\_\_\_

**International Programs and Partnerships (IPP):**  
Date & Initial: \_\_\_\_\_

\_\_\_\_ Approved

\_\_\_\_\_  
Signature of Dean of Students' Designee Date

**RELEASE AND INDEMNIFICATION AGREEMENT FORM:**  
**INTERNATIONAL TRAVEL**

**THE UNIVERSITY OF TEXAS RIO GRANDE VALLEY**  
**DEAN OF STUDENTS** Email: [dos@utrgv.edu](mailto:dos@utrgv.edu)  
**Brownsville Office:** Cortez 204 **Edinburg Office:** UC 323  
**Phone:** 956-882-5141 **Phone:** 956-665-2260

Please complete and return to your assigned Travel Coordinator.

**\* PARTICIPANT INFORMATION**

Please select the one which applies:  
   **Adult Student**    **Adult Non-Student**    **Minor Participant**

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

\* Student ID: \_\_\_\_\_

\* Address: \_\_\_\_\_

Street Address	Apartment/Unit #		
_____	_____		
City	State	Zip Code	Country

\* Phone #: \_\_\_\_\_

\* Email: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**  
**ONLY IF MINOR PARTICIPANT-Under 18 years of age**

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

Address: (If different from Minor Participant's)  
 \_\_\_\_\_

Street Address	Apartment/Unit #		
_____	_____		
City	State	Zip Code	Country

Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

\* Location: \_\_\_\_\_ \* Travel Date(s): \_\_\_\_\_  
                     Country                    State                    City

\* Description of Activity or Trip: \_\_\_\_\_

\* 1. \_\_\_\_\_ I, the above named student, am eighteen years of age or older and have voluntarily applied to participate in the above Activity or Trip. I acknowledge that the nature of the Activity or Trip may expose me to hazards or risks that may result in my illness, personal injury or death and I understand and appreciate the nature of such hazards and risks. I acknowledge that there may be additional hazards and risks associated with international travel that is involved in this Activity or Trip.

\* 2. \_\_\_\_\_ I understand that the Institution strongly recommends that I obtain health insurance to meet any and all needs for payment of medical, hospital, medical evacuation and repatriation costs while undertaking this Activity and understand that the Institution cannot and does not assume any legal responsibility for payment of such costs.

\* 3. \_\_\_\_\_ I understand that the Institution in no way represents, or acts as agent for any entity including any foreign University, the transportation carriers, or other suppliers of services connected with this Activity. Additionally, I understand that should I have legal problems with foreign nationals or the government of the host country that I am solely responsible for resolving the matter and the Institution is not responsible for providing any assistance.

\* 4. \_\_\_\_\_ In consideration of my participation in the Activity or Trip, I hereby accept all risk to my health and of my injury or death that may result from such participation, the transportation, and any independent research or activities undertaken as an adjunct thereto, and I hereby release the above named Institution, its governing board, officers, employees and representatives from any liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person, including my death, that may result from or occur during my participation in the Activity or Trip, whether caused by negligence of the Institution, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless the Institution and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in the described Activity or Trip.

\* 5. **I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DEATH OR DAMAGE TO MY PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY OR TRIP AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION.**

This Agreement shall be construed in accordance with the laws of the State of Texas, which shall be the forum for any lawsuits filed under or incident to this Agreement or Activity.

**\*(Adult Student · Adult Non-Student · Minor Participant)**

_____ Signature of Participant	_____ Date
_____ Signature of Witness	_____ Date

**(Only if Minor Participant)**

_____ Signature of Parent/Guardian	_____ Date
_____ Signature of Witness	_____ Date