



REQUEST FOR PERSONAL TRAVEL AND ACCEPTANCE OF ALL RISKS

I am participating in a University Study Abroad Program in the country of _____.
Study Abroad Program instructional dates are from _____ to _____.

I understand that I am required by CSU Office of the Chancellor Memorandum RM 2014-01 to participate in the Foreign Travel Insurance Program (FTIP) while enrolled in a Study Abroad Program through SF State. I understand that foreign travel insurance will provide insurance coverage while enrolled in my Study Abroad Program and can be extended for a combination of up to 14 days immediately prior to or immediately after my Study Abroad Program. (Example: Seven days immediately prior to Study Abroad Program plus seven days immediately after the conclusion of Study Abroad Program.) **Foreign Travel insurance coverage benefits will not be extended for any PERSONAL TRAVEL in excess of 14 days.**

I am requesting permission to travel prior to or after my educational program for PERSONAL TRAVEL. PERSONAL TRAVEL will take place on the following days: _____ to _____.

I understand that I will not have access to any of the coverages or benefits provided by FTIP on these dates while on PERSONAL TRAVEL in excess of 14 days immediately prior to or immediately after my educational program. This PERSONAL TRAVEL is 100% independent of the University Study Abroad related travel.

I understand the risks traveling without foreign travel insurance on PERSONAL TRAVEL and agree to assume all risks related to PERSONAL TRAVEL.

PARTICIPANT NAME: _____

SIGNATURE: _____ DATE: _____

SF STATE ENTERPRISE RISK MANAGEMENT ONLY

FTIP Coverage Dates: _____ **to** _____

APPROVED BY: _____ TITLE: _____

SIGNATURE: _____ DATE: _____