



REQUEST FOR PERSONAL TRAVEL AND ACCEPTANCE OF ALL RISKS

As a participant of a Study Abroad Program through San Francisco State University, 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. I understand that FTIP benefits will cover my enrollment in my Study Abroad Program and can be extended for a combination of up to 14 days immediately prior to or immediately following my Study Abroad Program (e.g. 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 understand that I must receive prior approval in order for FTIP to cover the allotted 14 days of personal travel.

I understand that I will not have access to any of the coverages or benefits provided by FTIP for 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 and agree to assume the risks related to PERSONAL TRAVEL outside of my program dates.

PARTICIPANT NAME: _____

SIGNATURE: _____ DATE: _____

SF STATE ENTERPRISE RISK MANAGEMENT ONLY

FTIP Coverage Dates: _____ to _____

APPROVED BY: _____ TITLE: _____

SIGNATURE: _____ DATE: _____