ST. THOMAS UNIVERSITY
STUDENT TRAVEL POLICY

I. Purpose

St. Thomas University (*hereinafter STU or University*) seeks to promote safe travel by students and recognized student organizations to events and activities occurring beyond the boundaries of University property. This policy is in conjunction with the policies set by the Archdiocese of Miami and applies to all domestic and foreign student travel.

II. Scope

This policy applies to the travel of enrolled students (undergraduate and graduate) who attend activities or events that are, (1) organized and/or sponsored by STU; and (2) occur outside the boundaries of the University campus. This policy does not apply to travel undertaken by students who attend out of town athletic events, or engage in student-teaching, internships, practicums, observations or research, unless the research is organized by a member of the faculty.

III. Definitions

A. *Recognized Student Organization:* Is an organization that has been approved by Student Activities, and maintains a current registration status with Student Activities.

B. *University Sponsored Event or Activity:* One that is initiated, actively managed, planned and arranged by a member of the University's faculty or staff, or by members of a recognized student organization that has been granted sponsorship by the University, and is approved by an appropriate administrator and/or an event or activity that the University actively manages, is involved with, or oversees financially, physically, or administratively.

C. *Currently Enrolled Student:* One who is currently registered at the University, whether on a full- or part-time basis.

D. *Appropriate Administrator:* A dean, department chair, or director of an administrative unit, or his or her authorized designee.

IV. General Requirements

All student travel falling within this Policy must meet the following requirements:

A. Recognized student organization travel must be consistent with the organization's mission statement and constitution on file with Student Activities. Travel must be planned so as not to create an undue interference with academic responsibilities.

B. Any violations of the Student Code of Conduct may restrict a student from participating in any travel on behalf of the University; this includes but is not limited to social and/or strict probation and suspensions. An electronic submittal (via email) of the Student Activity

Participation Form is sent to the Chief Judicial Affairs Officer for review and approval by Student Affairs for the student's participation in the activity/travel.

a.

C. An individual student or recognized student organization must complete and submit a Student Travel Request Form, located at www.stu.edu/bobcattravel, which will send your request to the Office of Environmental Compliance and Risk Management (*hereinafter ECRM*). This request must be completed no later than one (1) month prior to the date of the trip.

D. All students traveling must complete the online Student Activity Participation Form, located at www.stu.edu/bobcattravel no later than ten (10) business days before the scheduled trip.

E. The faculty/staff/appropriate administrator is expected to exchange emergency contact numbers with students and obtain each student emergency contact information. Emergency contact information includes, without limitation, the name, phone number(s), address(es), and relationship of person(s) who can be contacted by the University in case of an emergency. Any trip taken without submission of a complete and accurate Student Travel Request Form and Student Activity Participation Form may result in individual and/or organizational discipline deemed appropriate by the Provost of the University and Chief Academic Officer.

F. The faculty/staff/appropriate administrator in charge of the trip should hold a pre-trip planning meeting with all participants to discuss the planned itinerary, behavioral expectations, and transportation details.

G. For all Foreign Travel this pre-trip meeting is **mandatory** and the Manager of ECRM **must** be present.

V. Domestic Travel Guidelines

St. Thomas University, in furtherance of its not-for-profit mission as an institution of higher education, through its various departments and offices, provides opportunities for student travel to activities that facilitate and/or enhance the learning process taking place within the University. Participation in such activities shall be limited to currently enrolled students. These Guidelines do not apply to travel under the auspices of the Athletics Department. For information on those guidelines please review Section VII of this Policy.

Participants in activities involving student travel are responsible for their own behavior and any resulting consequences. The University shall not be liable for any loss, damage, injury or other consequence resulting from a participant's failure to comply with University rules and regulations, the direction of University employees, or applicable law.

Without limiting the foregoing, all trip participants are required to (a) comply with applicable University policies, procedures, rules and regulations, understanding that such compliance is important to the success of the trip and to the University's willingness to permit future similar

activities; and (b) conform their conduct to the standards surrounding the trip and assume responsibility for their own actions; this decorum may differ from that applicable on campus.

VI. Foreign Travel Guidelines

All students participating in Foreign Travel must complete the Medical Disclosure Form, which is located on www.stu.edu/bobcattravel webpage. Students who have questions regarding the form should contact the Health & Wellness Center at (305) 628-6690. This form must be completed in order to participate in the travel.

VII. Athletics Department Guidelines

Athletic travel has the same requirements as Sections IV and V with the following exceptions/requirements.

A. The coach must provide the team's tentative schedule and complete the Student Athletic Travel Form, for each trip. This form must be returned to the Director of Athletics and ECRM, prior to departure. The form must include an updated team roster and travel information.

B. A health insurance for all athletes must be verified and a copy must be maintained by the Athletic Trainer and the Department of Athletics.

VIII. Travel by Motor Vehicle

A. Safety is everyone's responsibility. The following safety requirements are for both operators and passengers:

   i. Seat Belts – Occupants of motor vehicles shall use seat belts at all times when the vehicle is in operation.

   ii. Alcohol and Illegal Substances – Occupants of motor vehicles shall not possess, consume, or transport any alcoholic beverages or illegal substances.

   iii. Passenger Capacity – The total number of passengers in any vehicle at any time of operation shall not exceed the manufacturer's recommended capacity, or federal/state law or regulations, whichever is lowest.

B. Transportation by official University vehicle, rental vehicle(s), chartered bus service, or if necessary, personal vehicles the following rules apply.

   i. *University Owned/Leased* – Only STU employees can drive a University owned or leased vehicle. Any employee operating an STU vehicle must submit a copy their Drivers' License to ECRM two (2) week prior to travel. All operators of vehicles described in this section must be on the University's payroll. All operators shall have a valid license for the operation of a vehicle; and have a current Motor Vehicle Report form on file with ECRM.

   Upon employment every employee undergoes a background check, which will indicate an employee's ability to drive a University owned/leased vehicle. Also,

ECRM conducts an annual Motor Vehicle Report for all employees needing to drive a University owned/leased vehicle. In order to be eligible to operate University vehicles, drivers must meet the following minimum criteria:

1. Have a valid driver's license issued in the continental United States;
2. Have no more than six (6) points on their license; and,
3. Have no Driving Under the Influence (DUI) infractions.

Rental Vehicles – An individual renting a vehicle contractually assumes liability for any loss or damage to that vehicle, regardless of fault. Although car rental companies offer collision damage liability waiver coverage for a daily fee, this coverage is provided by the University when a University purchase card (P-Card) is used or by requesting a certificate of insurance. It is recommended that you always use a University P-Card to pay for the vehicle rental, so that it provides physical damage coverage under the Archdiocese self-insured program. When renting a vehicle in the United States, you should **decline** all options as you are covered by the University for accidents while on University business. The University policy requires that this coverage be declined, except when renting a vehicle in any country other than the United States. When renting a vehicle in another country other than the United States, it is **required** to purchase the insurance option. The University does not permit the rental and use of 13 or 15 passenger vans.

ii. *Contract/Chartered Bus Service – Adequate insura*nce coverage for personal and property damage must be provided by the bus company. The company must have the following coverage:

1. Workers' Compensation Statutory coverage plus $1 million, Employers Liability; Automobile Liability $1 Million CSL for Bodily Injury and Property Damage; General Liability coverage of $1 million per occurrence and $2 million general aggregate; St. Thomas University, Inc., Archbishop Thomas G. Wenski, The Archdiocese of Miami and all their agents, officers and employees are named as additional insureds to the General Liability.

iii. *Personal Vehicles* – Personal vehicles should only be used on a voluntary basis. The owners/drivers must provide their own insurance coverage. All student participants choosing to ride in a private vehicle does it on a voluntary basis and at their own risk. The University shall not insure or accept liability for any damage, loss or injury resulting from the use of a private vehicle.

Attachment 1: Student Athletic Travel Form

Attachment 2: Motor Vehicle Report Form

ATTACHMENT 1:
STUDENT ATHLETIC TRAVEL FORM

This form is to obtain pertinent information for your student related activity. If you do not submit this form **one (1) month prior to your departure**, your team will not be unable to travel. Please type in the information below. *This form must be submitted to Laura Courtely-Todd, Director of Athletics and to Monique Brijbasi, Manager of Environmental Compliance and Risk Management.*

Athletic Team:

Coach: **Coach Cell Phone Number:**
Assistant Coach: **Assistant Coach Cell Phone Number**:

TRIP DETAILS

Dates	Location (City, State)	Overnight?	Transportation
		☐ Yes ☐ No If yes, Hotel Name and Address:	☐ University Owned/Leased Vehicle (complete Driver License Information Form) ☐ Chartered Bus Service (must attach the Certificate of Liability Insurance) ☐ Airfare (flight itinerary must be attached for each athlete) ☐ Rental Vehicle ☐ Student's Private Vehicle

TEAM ROSTER- ONLY THOSE TRAVELING ON THIS TRIP

1	Student Name (Last, First)	Permanent Address	Phone Number
Emergency Contact Name		Phone Number	
Insurance Name		Policy Number	

2	Student Name (Last, First)	Permanent Address	Phone Number
Emergency Contact Name		Phone Number	
Insurance Name		Policy Number	

3	**Student Name (Last, First)**	**Permanent Address**	**Phone Number**
Emergency Contact Name		**Phone Number**	
Insurance Name		**Policy Number**	

4	**Student Name (Last, First)**	**Permanent Address**	**Phone Number**
Emergency Contact Name		**Phone Number**	
Insurance Name		**Policy Number**	

5	**Student Name (Last, First)**	**Permanent Address**	**Phone Number**
Emergency Contact Name		**Phone Number**	
Insurance Name		**Policy Number**	

6	**Student Name (Last, First)**	**Permanent Address**	**Phone Number**
Emergency Contact Name		**Phone Number**	
Insurance Name		**Policy Number**	

7	**Student Name (Last, First)**	**Permanent Address**	**Phone Number**
Emergency Contact Name		**Phone Number**	
Insurance Name		**Policy Number**	

8	**Student Name (Last, First)**	**Permanent Address**	**Phone Number**
Emergency Contact Name		**Phone Number**	
Insurance Name		**Policy Number**	

9	Student Name (Last, First)	Permanent Address	Phone Number
Emergency Contact Name		Phone Number	
Insurance Name		Policy Number	

10	Student Name (Last, First)	Permanent Address	Phone Number
Emergency Contact Name		Phone Number	
Insurance Name		Policy Number	

11	Student Name (Last, First)	Permanent Address	Phone Number
Emergency Contact Name		Phone Number	
Insurance Name		Policy Number	

12	Student Name (Last, First)	Permanent Address	Phone Number
Emergency Contact Name		Phone Number	
Insurance Name		Policy Number	

13	Student Name (Last, First)	Permanent Address	Phone Number
Emergency Contact Name		Phone Number	
Insurance Name		Policy Number	

14	Student Name (Last, First)	Permanent Address	Phone Number
Emergency Contact Name		Phone Number	
Insurance Name		Policy Number	

15	Student Name (Last, First)	Permanent Address	Phone Number
Emergency Contact Name		Phone Number	
Insurance Name		Policy Number	

16	**Student Name (Last, First)**	**Permanent Address**	**Phone Number**
Emergency Contact Name		**Phone Number**	
Insurance Name		**Policy Number**	

17	**Student Name (Last, First)**	**Permanent Address**	**Phone Number**
Emergency Contact Name		**Phone Number**	
Insurance Name		**Policy Number**	

18	**Student Name (Last, First)**	**Permanent Address**	**Phone Number**
Emergency Contact Name		**Phone Number**	
Insurance Name		**Policy Number**	

19	**Student Name (Last, First)**	**Permanent Address**	**Phone Number**
Emergency Contact Name		**Phone Number**	
Insurance Name		**Policy Number**	

20	**Student Name (Last, First)**	**Permanent Address**	**Phone Number**
Emergency Contact Name		**Phone Number**	
Insurance Name		**Policy Number**	

21	**Student Name (Last, First)**	**Permanent Address**	**Phone Number**
Emergency Contact Name		**Phone Number**	
Insurance Name		**Policy Number**	

22	**Student Name (Last, First)**	**Permanent Address**	**Phone Number**
Emergency Contact Name		**Phone Number**	
Insurance Name		**Policy Number**	

23	**Student Name (Last, First)**	**Permanent Address**	**Phone Number**
Emergency Contact Name		**Phone Number**	
Insurance Name		**Policy Number**	

24	**Student Name (Last, First)**	**Permanent Address**	**Phone Number**
Emergency Contact Name		**Phone Number**	
Insurance Name		**Policy Number**	

25	**Student Name (Last, First)**	**Permanent Address**	**Phone Number**
Emergency Contact Name		**Phone Number**	
Insurance Name		**Policy Number**	

26	**Student Name (Last, First)**	**Permanent Address**	**Phone Number**
Emergency Contact Name		**Phone Number**	
Insurance Name		**Policy Number**	

27	**Student Name (Last, First)**	**Permanent Address**	**Phone Number**
Emergency Contact Name		**Phone Number**	
Insurance Name		**Policy Number**	

28	**Student Name (Last, First)**	**Permanent Address**	**Phone Number**
Emergency Contact Name		**Phone Number**	
Insurance Name		**Policy Number**	

29	**Student Name (Last, First)**	**Permanent Address**	**Phone Number**
Emergency Contact Name		**Phone Number**	
Insurance Name		**Policy Number**	

30	**Student Name (Last, First)**	**Permanent Address**	**Phone Number**
Emergency Contact Name		**Phone Number**	
Insurance Name		**Policy Number**	

31	**Student Name (Last, First)**	**Permanent Address**	**Phone Number**
Emergency Contact Name		**Phone Number**	
Insurance Name		**Policy Number**	

32	**Student Name (Last, First)**	**Permanent Address**	**Phone Number**
Emergency Contact Name		**Phone Number**	
Insurance Name		**Policy Number**	

33	**Student Name (Last, First)**	**Permanent Address**	**Phone Number**
Emergency Contact Name		**Phone Number**	
Insurance Name		**Policy Number**	

34	**Student Name (Last, First)**	**Permanent Address**	**Phone Number**
Emergency Contact Name		**Phone Number**	
Insurance Name		**Policy Number**	

35	**Student Name (Last, First)**	**Permanent Address**	**Phone Number**
Emergency Contact Name		**Phone Number**	
Insurance Name		**Policy Number**	

36	**Student Name (Last, First)**	**Permanent Address**	**Phone Number**
Emergency Contact Name		**Phone Number**	
Insurance Name		**Policy Number**	

37	**Student Name (Last, First)**	**Permanent Address**	**Phone Number**
Emergency Contact Name		**Phone Number**	
Insurance Name		**Policy Number**	

38	**Student Name (Last, First)**	**Permanent Address**	**Phone Number**
Emergency Contact Name		**Phone Number**	
Insurance Name		**Policy Number**	

39	**Student Name (Last, First)**	**Permanent Address**	**Phone Number**
Emergency Contact Name		**Phone Number**	
Insurance Name		**Policy Number**	

40	**Student Name (Last, First)**	**Permanent Address**	**Phone Number**
Emergency Contact Name		**Phone Number**	
Insurance Name		**Policy Number**	

ATTACHMENT 2:
MOTOR VEHICLE REPORT FORM

DRIVERS LICENSE INFORMATION

Underwriting requirements. (3 years of clean driving record history or less than 6 points Driver must be 21 years old).

Arch/Diocese: Archdiocese of Miami

Contact Name: Monique N. Brijbasi

Location Name: St Thomas University Inc

Phone No.: 305-628-6648

Address: 16401 N.W. 37th Avenue, Miami Gardens, Fl. 33054

Email/Fax: mbrijbasi@stu.edu/ 305-628-6794

Date:

FIELD TRIP: !!!!!

GALLAGHER USE ONLY

DRIVERS NAME	State /DRIVERS LICENSE NO.	YES	NO
!!!!!	!!!!!		
!!!!!	!!!!!		
!!!!!	!!!!!		
!!!!!	!!!!!		
!!!!!	!!!!!		
!!!!!	!!!!!		
!!!!!	!!!!!		
!!!!!	!!!!!		
!!!!!	!!!!!		
!!!!!	!!!!!		
!!!!!	!!!!!		
!!!!!	!!!!!		
!!!!!	!!!!!		
!!!!!	!!!!!		
!!!!!	!!!!!		
!!!!!	!!!!!		

Once this form has been completed, please fax it to the attention of our Religious Niche at Arthur J. Gallagher & Co., in Miami, fax number 305-716-3293, if you have any questions, you may contact us at 1-800-488-3003 or 305-592-6080 (Ampy or Virginia)

NOTE: MVR'S RESULTS WILL BE PROCESSED WITHIN 48 HOURS OF RECEIPT

CONTROLLED DOCUMENT
LIST OF REVISIONS

Revision #	Date	Description of Revision	Page #
1	July 9, 2012	• Transition all appendices to online by creating the www.stu.edu/bobcattravel webpage. • Grammatical edits.	Throughout Document