

**University of North Texas
Risk Management and Insurance
Program Student Travel
Sponsorship Application**

RISKWORLD 2026-Philadelphia

Dates: May 3-May 6, 2026 (departing May 2, 2026 and returning May 6)

Philadelphia, Pennsylvania

Deadline: March 4, 2026

Please note that you must have a 2.4 GPA or higher to be considered.

Email completed application to clarissa.hutkowski@unt.edu

Travel sponsorship includes:

- Conference and event registration fees.
- Transportation cost of (1) roundtrip airplane ticket.
- Lodging, including taxes and fees (**excluding** room service, in-room entertainment, mini-bar items, in-room snacks, and dry cleaning) specific to the dates of the conference or event.
- You will be reimbursed after the conclusion of overnight trips for the maximum U.S General Services Administration per diem rate per day based on the travel and conference/event itinerary to cover other expenses not mentioned above. Wait time to receive money is from 2-4 weeks.

- **Reimbursement will be provided after the LinkedIn requirements are met.**

- Per diem reimbursement details to note:

- § The daily per diem rates will be adjusted based on the meals included in the conference/event registration fees.

- § Fees associated with parking, taxis, shuttles, and any other expenses will not be individually reimbursed beyond the per diem rate.

- § You are encouraged to check the per diem rate for the city and state for each day of the itinerary and consider that rate (minus meals that are already included for that date with the conference fees) when paying out of pocket for any parking, taxis, meals, etc.

- Per Diem rates:

- U.S General Services Administration Per Diem Rates:

- <https://www.gsa.gov/travel/plan-book/per-diem-rates>

Name _____ Street Address _____

City, State, Zip _____ UNT Email: _____

Personal Email: _____

Phone Number (cellular): _____

Alt Phone Number _____

UNT Student ID (ex: 1111111) _____ UNT EUID (ex: abc123)

Are you currently employed by UNT? Yes _____ No _____

Major _____ Minor _____

RMI Certificate? Y_ N

Place an "X" by the RMIN courses that you have completed (or currently enrolled):

_____ RMIN 2500 _____ RMIN 3100 _____ RMIN 4300 _____ RMIN 4310 _____

RMIN 4600

Other RMIN courses you have completed (or currently enrolled)

Expected graduation date: Month _____ Year _____

Gamma Iota Sigma (GIS) Member? _____ **Yes** _____ **No**

GPA _____

RISKWorld offers opportunities for both professional and personal growth. As an RMI student, describe a skill, perspective, or area where you are working to improve. How would attending RISKWorld 2026 help you continue developing in this area and better prepare you for a career in risk management or insurance? 300 word minimum.

Do you require special accommodations?

Are you involved with any UNT student organizations, Greek Life? Please list all.

Please list ALL food allergies:

Are you required to carry an EpiPen due to allergic reactions? Yes _____ No _____

Please list ALL medical allergies:

What medications are you currently taking including dosage and instructions? Please list all current over the counter and prescription medications. This information will only be shared with medical professionals in the event of a medical emergency.

**Please attach: (1) Current resume and (2) Copy of current driver's license or state issued identification
(3) Copy of health insurance card.**

University of North Texas Risk Management and Insurance Program Student Travel Sponsorship

Agreement and Acknowledgements

1. Students must agree to attend events required of them while at the conference and/or event. The event agenda will be shared before travel to avoid miscommunications while at the conference, meeting, or event.
2. ****Students must agree to create a LinkedIn post after the conference or event on their personal LinkedIn page and tag the UNT Risk Management and Insurance LinkedIn page to recap their educational experience during the conference, meeting, or event. Example of LinkedIn post tagging Risk Management and Insurance at UNT is below.****
3. Students must agree to submit all expenses (if asked to do so) promptly immediately upon completing the event or trip.
4. Students must agree to act professionally while attending the conference and event, as they will be representing the UNT RMI program.
5. Students must read all dress code requirements for the conference or event and adhere to all dress code requirements. If dress code requirements cannot be met due to financial reasons, please reach out to RMI faculty, staff, or program coordinator to discuss.

Please acknowledge with your initials and provide your signature stating that you agree to the following stipulations regarding non-compliance of stated policies and procedures:

Please initial below:

____I understand that failure to comply with the policies and procedures outlined in this document may result in restriction from further Risk Management and Insurance Program travel sponsorship opportunities.

____I understand that failure to travel as planned according to the itinerary and event schedule provided to me through the program sponsorship may result in restriction from further Risk Management and Insurance Program travel sponsorship opportunities.

____I understand that failure to promptly communicate changes in proposed travel to the UNT faculty or staff chaperone may result in restriction from further Risk Management and Insurance Program travel sponsorship opportunities.

_____I understand that I **must** download Microsoft Teams on my phone and communicate with travel coordinator, Clarissa Hutkowski in a timely manner when asked. Communication on the trip will be mostly on Teams.

__I understand that exhibiting inappropriate and unprofessional behavior while representing UNT at sponsored events may result in restriction from further Risk Management and Insurance Program travel sponsorship opportunities.

Signed _____ **(Full** _____ **Legal** _____ **Name):**
Date of signature: _____

**State Issued Identification
Section:**

Name **exactly** as it appears on your driver's license:

Driver's _____ license _____ or _____ ID _____ number:

State _____ of _____ issuance:

Expiration _____ date _____ of _____ ID: _____

Date _____ of _____ birth: _____

Student _____ ID _____ number: _____

EUID _____ Number _____ (example _____ hev5566): _____

Will you be over the age of 21 during the dates of conference travel?
_____ Yes _ No

Please attach a copy of your driver's license or state issued ID to this application

*Note: Your name as it appears on your ID MUST match your transportation tickets
(airline, bus, train, etc.)*

**Emergency Contact #1
Information:**

Name: _____ Relationship: _____
_____ Phone number: _____ Email _____ address: _____

May we reach out directly to this person in the event of an emergency? Yes

_____ **No**

**Emergency Contact #2
Information:**

Name: _____ Relationship: _____
_____ Phone number: _____ Email _____ address: _____

May we reach out directly to this person in the event of an emergency? Yes

No

Health Insurance Information:

Name of provider (example, BCBS, United, Aetna):

____ Name of primary insured (who pays for the health insurance):

Primary insured's employer

Policy number:

Group number:

Phone number on health insurance card:

***Attach photos, front and back, of your insurance card**

University of North Texas, RMI Program

Field Trip Consent and Waiver

Section 1 *(To be completed by field trip leader)*

- **Program:** Risk Management and Insurance Program
- **Field Trip Locations:** Philadelphia- RISKWORLD 2026
- **Date:** May 3rd - 6th, 2026 (departing May 2nd by plane)
- **Physical activities associated with the field trips include:** low impact physical activity as walking indoors and outdoors and upstairs as well as the airplane, van, car, or bus rides.
- **Risks inherent in these field trips include bodily injury due to:** The possibility of slips and falls, pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more severe life-threatening hazards, and hazards associated with travel to and from the field trip site. There may be contact with plants, animals or insects that could create hazards such as stings, allergies, and associated diseases.

Section 2 *(To be completed by field trip participant)*

I acknowledge that there are certain risks inherent in field trips, including but not limited to those indicated in Section 1, and that all risks cannot be prevented. I acknowledge that I am physically able to participate in this field trip given the above activities.

I understand and hereby acknowledge that I assume all risks incurred by my participation in the field trip. In consideration of being allowed to participate in the field trip, I hereby release The Board of Trustees of University of North Texas, its officers, agents, employees and assigns from liability from any and all claims arising out of or in any way connected with the field trip and my participation in the program, including but not limited to the risks as outlined above.

I am competent to sign this consent release and waiver and have read and understood all the provisions contained in it.

PARTICIPANT:

_____	_____	_____
Name (printed)	Signature	(Date)

Phone Number

Signature of Parent if Participant is a minor

_____	_____
_____ Name of parent (printed) (Date)	Signature of Parent