



<http://www.csuci.edu/ira/index.htm>

Application
Instructionally Related Activities Funds Request
2009-2010 Academic Year
DEADLINE: Fall and Academic Year 3/15/09
Spring 10/15/10

Applications must first be sent to the appropriate program chair. Chairs will then recommend and route them to the Dean's Office for review and authorization. The Dean's Office will then forward them to the IRA Committee for consideration.

Activity Title: Attend National Conference on Undergraduate Research (NCUR)

Project Sponsor/Staff (Name/Phone): **Dr. Kimmy Kee-Rose/805-437-3276**

Activity/Event Date(s): **April 14-18, 2010**

Date Funding Needed By: **March 1, 2010**

**Please Note that for Fall Requests the earliest that you will be notified of funding availability will be early June 2008 and for Spring Requests early January 2009.

Please check if any of the following apply to your IRA:

- | | |
|------------------------|--|
| Equipment Purchase | <input checked="" type="checkbox"/> Field Trip |
| Event | Participant data collection for public dissemination, i.e. interviews/surveys that result is a journal/poster session/newsletter |
| IT Requirements | Risk Management Consultation |
| International Travel | <input checked="" type="checkbox"/> Late Submission (Passed Deadlines: Fall 3/15, Spring 10/15) |
| Space/OPC Requirements | |
| Infrastructure/Remodel | |
- Other Attend national conference on undergraduate research (NCUR) to present results of empirical studies

Previously Funded: YES NO Yes, Request # _____

Does your proposal require IRB (Institutional Review Board) approval: Yes No

Assessment submitted for previously Funded Activity: YES NO

Academic Program or Center Name and Budget Code: **Psychology, Budget Code 735**

Date of Submission: **February 1, 2010**

Amount Requested:
 (Should match item 2. E. on page 4)



RECEIVED
OCT 14 2009
Dean's Office

<http://www.csuci.edu/ira/index.htm>

Application
Instructionally Related Activities Funds Request
2009-2010 Academic Year
DEADLINE: Fall and Academic Year 3/15/09
Spring 10/15/10

Applications must first be sent to the appropriate program chair. Chairs will then recommend and route them to the Dean's Office for review and authorization. The Dean's Office will then forward them to the IRA Committee for consideration.

Activity Title: *Attention: The role of threat and importance.*

Project Sponsor/Staff (Name/Phone): *Beatrice M. de Oca/ X8992*

Activity/Event Date(s): *May 27 – May 30 2010*

Date Funding Needed By: *March 20, 2010* (this will allow students to register before the March 31 deadline for "Early Bird" registration which costs less.

****Please Note that for Fall Requests the earliest that you will be notified of funding availability will be early June 2008 and for Spring Requests early January 2009.**

Please check if any of the following apply to your IRA:

Equipment Purchase

Field Trip

Event

Participant data collection for public dissemination, i.e. interviews/surveys that result is a journal/poster session/newsletter

IT Requirements

International Travel

Space/OPC Requirements

Risk Management Consultation

Infrastructure/Remodel

Late Submission (Passed Deadlines: **Fall 3/15, Spring 10/15**)

Other _____

Previously Funded: YES NO Yes, Request # 245

Does your proposal require IRB (Institutional Review Board) approval: Yes No
IRB approval # 105078

Assessment submitted for previously Funded Activity: YES NO

Academic Program or Center Name and Budget Code:

Psychology

Date of Submission:

October 15, 2009

Amount Requested: **\$3100.00**

(Should match item 2. E. on page 4)

Estimated Number of Students Participating: **3**

Application
Instructionally Related Activities Funds Request
2009-2010 Academic Year

Conditions and Considerations

Equipment Purchase-If requesting large equipment, Project Sponsor must show proof of correspondence with OPC Administration. In addition, all other purchases must follow Procurement Guidelines

Events-Attach copy of Events and Facilities Use Request Form (Public Folders-Events & Facilities folder) Consider time frame for set-up and take down.

Participant Data Collection for Public Dissemination-If Project Sponsor proposes to conduct research with human participants then it may be subject to IRB (Institutional Review Board for the Protection of Human Subjects) review. It is the Project Sponsor's responsibility to inquire with the IRB **prior** to IRA application submission to determine if the project is exempt from IRB review so that funding is not delayed. Please indicate on the cover page if your project is exempt from IRB review.

Field Trip-If approved, Identified Risks of Participation and Release Agreement must be submitted for each student to the Program Office (Public Folders-HR Forms).

IT Requirements-Requires proof of correspondence and approval from IT Administration

International Travel-Requires International Travel application be submitted to Center for International Affairs.

Risk Management Consultation-Requires proof of correspondence with Risk Management.

Space/OPC Requirements, Infrastructure/Remodel-Requires proof of correspondence with OPC Administration .

Late Submission (Deadlines: Fall 3/14, Spring 10/15)-Requires explanation for emergency funding.

Fiscal Management: Project Sponsor's program will be responsible for all costs incurred over and above what is funded through the IRA award and will be responsible for seeing that any revenue that is intended to offset the amount of the IRA award is transferred accordingly.

Application
Instructionally Related Activities Funds Request
2009-2010 Academic Year

Requirements and Signatures

Please provide the following in your application:

1. **Brief Activity Description.** Describe the activity and its relationship to the educational objectives of the students' program or major.
2. **Relation to IRA to Course Offerings.** All IRAs must be integrally related to the formal instructional offerings of the University and must be associated with scheduled credit courses. Please list all classes that relate to the program proposed.
3. **Activity Assessment.** Describe the assessment process and measures that the program will use to determine if it has attained its educational goals. **Please note a report will be due at the end of the semester.**
4. **Activity Budget.** Please enclose a complete detailed budget of the entire Activity **bold** specific items of requested IRA funding. (Page 4)
5. **Sources of Activity Support.** Please list the other sources of funding, and additional support for the activity.
7. **Acknowledgment.** Project Sponsor and Program Chair acknowledge that they have reviewed and accepted the Conditions and Considerations detailed on page 2.

Brief Activity Description

Funding is requested for five students to present their research at the Association for Psychological Science (APS). APS is a major professional organization for Psychology with approximately 20,000 members, making dissemination of research at this conference a particularly high-impact event for students.

Students from Psy 497 (Directed Study) and Psy 494 (Independent Study) will present the results of their research in a poster session or paper presentation at the conference. The students will have planned, developed, collected data on several participants and then helped analyze the data. Then, they will prepare the text and figures for their presentation, under my supervision.

The study involves a test of competing theories of the role of emotion and evolutionarily relevant stimuli in visual attention. Much research demonstrates a preference for threatening stimuli to capture and hold attention. Other researchers have proposed that any stimulus that is relevant or important for a

person will preferentially capture and hold attention. The difficulty comes in defining what an important or relevant stimulus is. This study uses various types of stimuli that are either threatening or important (but not threatening) and compares their ability to hold attention with neutral, unimportant stimuli. The dependent variable is the reaction time to indicate the direction of an arrow (up or down) that immediately follows the brief (200 ms) presentation of the picture. The study also measures participants' subjective evaluation of the importance, relevance and arousal value of the stimuli.

This project directly relates to the following educational objectives of the psychology major:

Theory and Content of Psychology

Students discuss the theoretical rationale for the study and write an organized and detailed introduction to the study that involves the rationale and their hypotheses.

Methodology

Students will design the study with relevant control procedures. They will also be involved in data analysis and interpretation.

Information Competence, Technology, and Computers

Students will use computers to create and edit the pictures of the different categories of items used to test visual attention (threatening, important and neutral items). They will use stimulus presentation software (Superlab) to present the pictures and measure reaction time. They will subsequently use SPSS for data analysis and PowerPoint and Word for their presentation.

Critical Thinking, Logic, and Problem-Solving

Students will use and respect skeptical inquiry, critical thinking, and the scientific approach to understanding behavior in their development and interpretation of the study. Furthermore, at this conference most presenters are doctoral level researchers (faculty, post-docs, research associates, etc.). Because the conference is very research oriented and is one of the main gatherings for psychologists interested in psychological science, it will provide our students the opportunity to describe and justify their design and conclusions to an expert audience.

Communication Skills

Students will express themselves effectively in written and oral communication during the development of the study, during data collection and especially in their conference presentation.

Personal Development

Students collaborate closely together and need to reach consensus on numerous decisions as they develop the project. The group itself is multicultural, but they will also learn to conduct themselves professionally as they interact with the study participants. The conference presentation itself provides for extensive professional development as students observe other presentations and make their own presentation and field questions from experts in the research area.

Relation to IRA to Course Offerings.

Psy 497 (Directed Study) and Psy 494 (Independent Study)

Activity Assessment.

Students will prepare 1 poster that they will then present at the convention (APS) to the convention attendees. The poster will also be included in the annual Psychology Program Research Conference held each May (this will of course occur before the APS conference presentation). At the CSUCI Psychology program conference, faculty shall assess the posters using a rubric. In addition, I will ask students to complete a self-assessment activity that encourages them to describe what they learned about the discipline, the process and themselves throughout the project after their presentation at the APS convention.

Activity Budget.

Field Trip

- Airfare (\$400.00 per person) = \$1200 for the 3 students.
- Hotel (2 rooms @ \$200/night for 3 nights) = \$1200. I will require an additional hotel room during my stay at the conference (1 room @ \$200/night for 3 nights) = \$600, for a total of \$1800
- Membership (\$35) and Conference Registration (\$165) = \$200/student. Total requested is \$600. My conference registration costs are \$275. No added membership fees are needed for me as I maintain membership in this organization as a normal part of my professional development.
- Shuttle transportation between the hotel and the airport (\$40 per person – 3 students and 1 faculty advisor) = \$160
- Meals (4 days @ \$50/day = \$200 per person) = \$800
- Total amount budgeted = \$5514
- Total amount requested = \$3900.00

Sources of Activity Support.


My expenses will be partially funded through program funds allotted for faculty travel. Students will pay for their own meals.

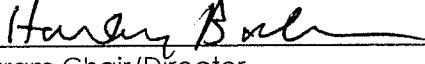
| | Student Expenses (3 students) | Faculty Expenses (1) |
|---|-------------------------------|----------------------|
| Conference Registration & Membership | 600 | 275 |
| Airfare | 1200 | 400 |
| Shuttle Transportation | 120 | 40 |
| Meals | 600* | 200 |
| Hotel | 1200 | 600 |
| Total | 4775 | 1515 |
| Amount Requested from IRA | 3120 | 0 |
| Amount paid for individually | 600 | 515 |
| Amount paid for by program travel funds | 0 | 1000** |

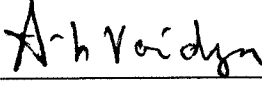
* Students will pay for their own meals.

** This amount is an estimate. The actual amount may vary depending on availability of funds in next year's budget and other travel expenses.

Signatures and Dates

 10-15-09
Project Sponsor Date

 10/22/09
Program Chair/Director Date

 10/21/09
Dean

Application
Instructionally Related Activities Funds Request
2009-2010 Academic Year

ACTIVITY BUDGET FOR 2009-2010

1. Operating Expense Budget

| | |
|--------------------------------------|---------------------|
| A. Supplies | _____ |
| B. Vendor Printing | _____ |
| C. In-State Travel | _____ |
| D. Out-of-State Travel | _____ 5514.00 _____ |
| E. Equipment Rental | _____ |
| F. Equipment Purchase | _____ |
| G. Contracts/Independent Contractors | _____ |
| H. Honorarium | _____ |
| I. OPC Chargeback | _____ |
| J. Copier Chargeback | _____ |
| K. Other (Please Specify) | _____ |
| TOTAL Expenses | _____ 5514.00 _____ |

2. Revenue

A. Course Fees

B. Ticket Sales

C. Out of Pocket Student Fees
(exclusive of course fees)

_____ \$600.00 _____

D. Additional Sources of
funding
(Please specify
And indicate source)

1,000 for faculty travel using program travel
funds, if available.

**E. Requested Allocation
from IRA**

\$3120

Total Revenue

\$1600.00 _____

PAYEE DATA RECORD

(Required in lieu of IRS W-9 when doing business with the State of California)

STD 204 (Rev. 2-2000)

Note: Governmental Entities, federal, state, and local (including school districts) are not required to submit this form.

SECTION 1 must be completed by the requesting state agency before forwarding to the payee

| | | |
|--------------------------|--|--|
| 1 | DEPARTMENT/OFFICE CSU Channel Islands | PURPOSE: Information contained in this form will be used by state agencies to prepare Information Returns (Form 1099) and for withholding on payments to nonresident vendors. Prompt return of this fully completed form will prevent delays when processing payments. (See Privacy Statement on Page 2) |
| PLEASE RETURN TO: | STREET ADDRESS One University Drive | |
| | CITY, STATE, ZIP CODE Camarillo, CA 93012 | |
| | TELEPHONE NUMBER (805) 437-8400 | |

| | |
|----------|---|
| 2 | PAYEE'S BUSINESS NAME <i>Christiane Alexandra Ochoa</i> <hr/> MAILING ADDRESS (Number and Street or P.O. Box Number) <i>10907 Magnolia Blvd 292</i> <hr/> <i>N Hollywood, CA 91601</i> (CITY, STATE, and ZIP CODE) |
|----------|---|

| | | |
|----------|---|--|
| 3 | CHECK ONE BOX ONLY <input type="checkbox"/> LEGAL CORPORATION <input type="checkbox"/> MEDICAL CORPORATION <input type="checkbox"/> EXEMPT CORPORATION (Non-profit) <input type="checkbox"/> ALL OTHER CORPORATIONS FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN) - | NOTE: State and local governmental entities, including school districts are not required to submit this form. NOTE: Payment will not be processed without an accompanying taxpayer I.D. number. |
| | <input checked="" type="checkbox"/> INDIVIDUAL SOLE PROPRIETOR SOCIAL SECURITY NUMBER OWNER'S FULL NAME 6 2 3 - 1 2 6 1 - 1 0 1 6 1 5 6 <i>Christiane Alexandra Ochoa</i> | |

| | | |
|----------|---|---|
| 4 | CHECK APPROPRIATE BOX(ES) <input checked="" type="checkbox"/> California Resident - Qualified to do business in CA or a permanent place of business in CA. <input type="checkbox"/> Nonresident (See Page 2). Payments for services by nonresidents may be subject to state withholding. <input type="checkbox"/> WAIVER OF STATE WITHHOLDING FROM FRANCHISE TAX BOARD ATTACHED <input type="checkbox"/> SERVICES PERFORMED OUTSIDE OF CALIFORNIA | NOTE: a. An estate is a resident if decedent was a California resident at time of death. b. A trust is a resident if at least one trustee is a California resident. (See Page 2) |
|----------|---|---|

| | | | |
|-----------------------------|---|-------------------------|------------------------------------|
| 5 | I hereby certify under penalty of perjury that the information provided on this document is true and correct. If my residency status should change, I will promptly inform you. | | |
| CERTIFYING SIGNATURE | AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print) <i>Christiane Ochoa</i> | TITLE <i>Student</i> | |
| | SIGNATURE | DATE <i>3/16/10</i> | TELEPHONE NUMBER (818) 321-4107 |

Subject: FW: APS 22nd Annual Convention: Registration Confirmation

Date: Monday, April 12, 2010 9:57 AM

From: Ochoa, Christiane <christiane.ochoa098@dolphin.csuci.edu>

To: Jerilee Petralba jerilee.petralba@csuci.edu

Conversation: APS 22nd Annual Convention: Registration Confirmation

Hi Jerilee,

Thanks for booking my flight. Here is the APS receipt I forgot to forward to you.

-Christiane

From: Christiane Ochoa [mailto:christiane.ochoa098@dolphin.csuci.edu]

Sent: Tue 3/16/2010 2:10 PM

To: jerilee.petralba@csuci.edu; Ochoa, Christiane

Subject: APS 22nd Annual Convention: Registration Confirmation

APS Registration

General Options

Name: Christiane Ochoa
 Title:
 Address: 10907 Magnolia Blvd 292
 North Hollywood, CA 91601
 USA

Number of People Registered: 1

Event Title: APS 22nd Annual Convention
 Location: Sheraton Boston Hotel
 39 Dalton Street
 Boston, MA 02199
 USA
 Phone: +1 617.236.2000
 Date: 05/27/2010
 Time: 9:00 AM

Current Registration Details

Registration Items

| | | | |
|------------------|--|------------------------------------|---------|
| Christiane Ochoa | Join or Renew as an Undergraduate Student Member | Undergraduate Student Affiliate | \$36.00 |
|------------------|--|------------------------------------|---------|

Sessions

| | | | | |
|------------------|-----------------------|---|---|----------|
| Christiane Ochoa | 05/27/2010 8:00 AM | APS Convention Registration - Student | APS Convention Registration - Student | \$145.00 |
|------------------|-----------------------|---|---|----------|

Order Summaries

| Date | Type | Amt Ordered | Amt Paid | Amt Due |
|--------------------|--------------|-------------|----------|---------|
| 03/16/2010 5:08 PM | online order | \$181.00 | \$181.00 | \$0.00 |

| | | | |
|---------------|-----------------|-----------------|---------------|
| Total: | \$181.00 | \$181.00 | \$0.00 |
|---------------|-----------------|-----------------|---------------|

Subject: Christiane Ochoa Jet Blue ETKT CONF *MJVAHB*

Date: Friday, April 9, 2010 5:17 PM

From: Kathy Reimer <kreimer@sbtravel.com>

To: <jerilee.petralba777@csuci.edu>

Cc: <christiane.ochoa@dolphin.csuci.edu>

OCHOA/CHRISTIANE*C2279

CALIFORNIA STATE UNIVERSITY
CHANNEL ISLANDS
1 UNIVERSITY DRIVE
CAMARILLO CA 93012

X6WVNO APR 09 2010 ITIN PAGE-01 02 C120 DAYKA

27 MAY 10 THURSDAY

AIR LV: LOS ANGELES 1158P JETBLUE FLT: 480 NONSTOP
DEPART TERMINAL- 6 COACH CLASS
AR: BOSTON 816A 28 MAY
ARRIVAL TERMINAL-C
RESERVED SEATS 9D MILES- 2611
ELAPSED TIME- 5:18 EQUIP-AIRBUS A320 JET

30 MAY 10 SUNDAY

AIR LV: BOSTON 740P JETBLUE FLT: 483 NONSTOP
DEPART TERMINAL- C SPECIAL CL
AR: LOS ANGELES 1102P
ARRIVAL TERMINAL-6
RESERVED SEATS 16C MILES- 2611
ELAPSED TIME- 6:22 EQUIP-AIRBUS A320 JET

FOR AFTER HOURS ASSISTANCE CALL 866-249-8646 AND REFER TO CODE AIK7.
CUSTOMER CARE IS AVAILABLE TO YOU AT ANY AMERICAN EXPRESS OFFICE
WORLDWIDE. PLEASE IDENTIFY YOURSELF AS A CLIENT OF SANTA BARBARA
TRAVEL BUREAU/AMERICAN EXPRESS.
ALL CHANGES MUST BE MADE AT LEAST 2 HOURS PRIOR TO DEPARTURE OR THE
AIRLINE MAY REDUCE THE TICKET VALUE TO ZERO. A CHANGE OR CANCELLATION
MAY INCUR A PENALTY PLUS ANY DIFFERENCE IN THE RECALCULATED FARE.

| | | | | | |
|-----------|--------|---------------------|-------|-----|---------|
| BASE FARE | 341.39 | TAX | 47.01 | TTL | 388.40 |
| | | TRANSACTION FEE | | | 10.00 |
| | | CREDIT CARD PAYMENT | | | 398.40- |
| | | AMOUNT DUE | | | 0.00 |

CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS

a campus of the California State University • Bakersfield • Channel Islands • Chico • Dominguez Hills • Fresno • Fullerton • Hayward • Humboldt • Long Beach • Los Angeles
Maritime Academy • Monterey Bay • Northridge • Pomona • Sacramento • San Bernardino • San Diego • San Francisco • San Jose • San Luis Obispo • San Marcos • Sonoma • Stanislaus

**RELEASE OF LIABILITY, WAIVER OF RIGHT TO SUE, ASSUMPTION OF RISK AND
AGREEMENT TO PAY CLAIMS**

Activity: Association for Psychological Science Convention

Activity Date(s) and Time(s): May 27-30, 2010

Activity Location/Facility: Boston, Massachusetts

In consideration for being allowed to participate in this Activity, I **release from liability and waive my right to sue** the State of California, the Trustees of the California State University, which own and operate California State University, Channel Islands and their employees, officers, volunteers and agents (collectively "University") from any and all claims, **including the University's negligence**, resulting in any physical injury, illness (including death) or economic loss that I may suffer because of my participation in this Activity, including any travel to and from the Activity.

I am voluntarily participating in this Activity. I understand that there are risks, such as physical and/or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability or even death, which may occur from my participation in this Activity. These injuries or outcomes may arise from my own or other's actions, inactions, negligence, or from the condition of the Activity location(s) or facility(ies).

Nonetheless, I assume all related risks, whether known or unknown to me, of my participation in this Activity, including travel to and from the Activity.

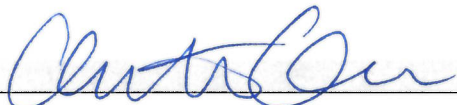
I agree to **hold the University harmless from any and all claims, loss or damage to my personal property, liabilities and costs, including attorney's fees**, as a result of my participation in this Activity, including travel to and from the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University.

If I need medical treatment, the University is authorized to obtain medical treatment for me. I will be financially responsible for any costs of such treatment. I agree that I will not hold the University responsible for any claims resulting from any medical treatment. I am aware that the University does not provide health insurance for me and I should carry my own health insurance.

I am 18 years or older. I have read this document, and I am signing it freely. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) waiver of my right to sue the University, (c) and assumption of all risks of participating in this Activity, including travel to and from the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

Participant Name: Christiane Ochoa Date: 3/16/10

Signature: 

One University Drive
Camarillo, California 93012
Tel 805-437-8400
Fax 805-437-8424

If Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. I have read this two-page document, and I am signing it freely. **I understand the legal consequences of signing this document, including (a) release of University from all liability on my and the Participant's behalf, (b) waiver of my and the Participants' right to sue, (c) and assumption of all risks of the Participant's** participation in this Activity, including travel to and from the Activity. I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

Signature of Minor Participant's Parent/Guardian Date

Minor Participant's Name

One University Drive
Camarillo, California 93012
Tel 805-437-8400
Fax 805-437-8424

AIR TRAVEL NOTIFICATION FORM

Dear Christiane Ochoa,
(Student's Name)

You are currently participating in a California State University-affiliated program which requires air travel.

Air travel involves risks and could result in damage to property, injury to persons, and death. Please be informed that the California State University assumes no liability for damage, injury, and death which may occur during air travel required by the California State University-affiliate programs. Your participation in the program is voluntary, and you participate at your own risk.

Prior to undertaking CSU-affiliated air travel, you will be required to sign the below "Release and Hold-Harmless Statement." Please review the statement carefully before signing it.

Dr. Beatrice DeOca
Faculty Name (Please Print)

Faculty Signature

RELEASE AND HOLD-HARMLESS STATEMENT

I, Christiane Ochoa, am a student at California State University, Channel Islands, one of the campuses of the California State university (CSU).

I am/will be participating in a CSU-affiliated program which requires air travel. (CSU-affiliated program includes any program offered by, or pursuant to a program of, the California State University, any campus of the California State University, any student body organization, or any organization affiliated with any such organization or with any combination thereof.) My participation in this program is voluntary.

I have been informed, and I know, that 1) air travel involves risks which can result in damage to property, injury to persons, and death; and 2) the CSU assumes no liability for damage, injury, or death occurring on such travel. With this knowledge and information, I agree to participate in the program, and the air travel, at my own risk.

I release and hold harmless the state of California, the California State University, California State University, Channel Islands, and each and every officer, employee, volunteer and agent of each of them, from any and all claims and causes of action that I may have against any of these institutions or persons, by reason of any accident, illness, injury, death, or other consequences resulting directly or indirectly from or in any manner arising out of, or in connection with, my being a passenger on an airplane pursuant to my participation in the CSU-affiliated program.

This release and hold-harmless shall also be binding on my heirs, assigns, successors, and all other persons who may claim through me.

Student Signature

Christiane Ochoa _____
Print Name

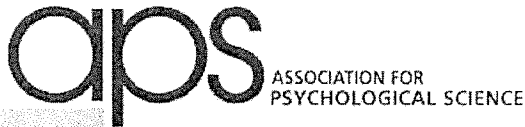
3/16/10 _____
Date

10907 Magnolia Blvd 292 North Hollywood _____
Street Address

North Hollywood _____
City

CA _____
State

91601 _____
Zip Code



Revolutionary Science

22nd Annual Convention
Boston May 27-30, 2010



THEME PROGRAMS
INVITED TALKS
OVERVIEW

"Nothing is so fatiguing as the eternal hanging on of an uncompleted task." (William James)
Complete your APS Convention registration before March 31 and enjoy the early price discounts.

Keynote Address



**Visual Search Gets Real:
From the Lab to the Airport to the Radiology Suite**

Jeremy M. Wolfe
Harvard Medical School and
Brigham and Women's Hospital

HOTEL

EXHIBITS

CALL FOR SUBMISSIONS
REGISTRATION

APS Award Addresses



Functional Architecture of Face Processing in the Primate Brain

Leslie G. Ungerleider,
National Institute of Mental Health

Presidential Symposium



Spicing Up Psychological Science

Linda Bartoshuk (chair) University of Florida
Marianne Gillette McCormick & Company, Inc.
Harold McGee The French Culinary Institute/curiouscook.com
Ana Sortun Oleana Restaurant
Paul Rozin University of Pennsylvania

Bring the Family Address



**The Sweet Taste of Childhood:
From Basic Biology to Culture**

Julie Mennella
Monell Chemical Senses Center

APS David Myers Distinguished Lecture on the Science and Craft of Teaching Psychology



Just How Intelligent was William James? Baseball Wasn't Even Included in His Varieties of Religious Experience

Ludy T. Benjamin, Jr.
Texas A&M University



Improving the Lives of Employees Through Goal Setting

Gary P. Latham,
University of Toronto, Canada

Special Event




Inside the Psychologist's Studio

Linda Bartoshuk
University of Florida

Interview by Carol Tavris




Rebooting
Psychotherapy
Research and
Practice:
Using Science
and
Technology to
Improve
Clinical Care
and Reduce
the Burden of
Mental Illness

Alan E. Kazdin
Yale University

Psi Chi
Distinguished
Speaker



Language as a
Window into
Human Nature

Steven Pinker
Harvard University

2010 Program Committee

Tyler S. Lorig, Washington and Lee University (Chair); **Nalini Ambady**, Tufts University; **Abigail Baird**, Vassar College; **Sian Beilock**, University of Chicago; **Daniel Klein**, State University of New York, Stony Brook; **Richard Lewis**, Pomona College; **Kris Preacher**, University of Kansas; **Deidra Schleicher**, Purdue University; **Timothy Strauman**, Duke University; **Tracy Zinn**, James Madison University

Subject: RE: IRA Proposal for Beatrice de Oca
Date: Monday, March 8, 2010 9:21 AM
From: Devins, Mary <mary.devins@csuci.edu>
To: Jerilee Petralba <jerilee.petralba@csuci.edu>

Hi Jerilee,

Here it is ☺

Mary

From: Petralba, Jerilee
Sent: Monday, March 08, 2010 9:13 AM
To: Devins, Mary
Subject: IRA Proposal for Beatrice de Oca

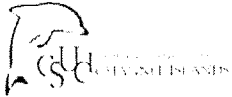
Hi Mary,

Can I get the proposal? I already got the fund code – TK910-735-90294.

--

Thanks,
Jerilee Petralba
Faculty Support Coordinator
California State University Channel Islands
One University Drive
Camarillo, CA 93012
Phone (805) 437-8835
Fax (805) 437-8951

RECEIVED
OCT 14 2009
Dean's Office



<http://www.csuci.edu/ra/index.htm>

Application
Instructionally Related Activities Funds Request
2009-2010 Academic Year
DEADLINE: Fall and Academic Year 3/15/09
Spring 10/15/10

Applications must first be sent to the appropriate department chairs who will then recommend and route them to the Dean's Office for review and authorization. The Dean's Office will then forward them to the IRA Committee for consideration.

Activity Title: *Attention: The role of threat and importance.*

Project Sponsor/Staff (Name/Phone): Beatrice M. de Oca/ X8992

Activity Dates: May 27 - May 30 2010

Date Funding Needed By: March 20, 2010 (This will allow students to register before the March 31 deadline for Early Bird Registration which is subject to change.)

**Please note that for Fall Requests the deadline that you will be notified of funding availability will be early June 2008 and for Spring Requests early January 2009.

Please check if any of the following apply to your IRA:

- Equipment Purchase
- Travel Flight fee
- Requirements
- International Travel Participant data collection for public documentation re: interview ways that need to be approved by the President
- Special IRB Requirements IRB Manual approval if needed
- Special Publication/Article IRB Manual approval if needed
- Other **Spring 10/15**

Previously funded: Yes No **Yes Request #:** 245

Does the proposal need IRB approval? No Yes **IRB approval # 105078**

Assessment Submitted for previously funded Activity: Yes No

Academic Program or Center Name and Budget Code

Psychology

Date of Submission

October 15, 2009

Amount Requested

\$2400.00

Should research item be on page 4?

Estimated Number of Students Participating: 3

| Roadrunner Shuttle & Limousine TCP#7343-P PSC#7343 240 S. Glenn Dr., Camarillo, CA 93010 | | Call 1-800-247-7919 Visit www.rrshuttle.com Reservation# 686691-R | | | | | | | | | |
|--|---|---|---------|----|-------|-----|-------------|---|----|---|--|
| KEEI, KIMMI (8) CSUCI, 1 UNIVERSITY DR CAMARILLO 93012 | Type Exclusive Stops 1 Airport LAX Airline Allegiant Air#350 | Dep Fee 136.00 Gratuity D 20.00 Arv Fee 136.00 | | | | | | | | | |
| PickUp Time 04/14/10 09:50 AM | Flight Time 04/14/10 01:15 PM | Gratuity A 20.00 | | | | | | | | | |
| KEEI, KIMMI (7) Airport LAX Airline Allegiant Air#351 | Type Exclusive CSUCI, 1 UNIVERSITY DR CAMARILLO 93012 | Surcharge 0.00 Services 40.00 Discount 0.00 | | | | | | | | | |
| Flight Time 04/17/10 07:00 PM | Req Arv Time | Total \$ 352.00 | | | | | | | | | |
| <p><i>For pick-up, after you claim your baggage from the baggage claim please call (800) 247-7919 and press 2 to confirm with the dispatcher that you have your baggage and are ready to be picked-up. The Roadrunner Driver will pick you up under the GREEN BUS STOP sign on the Island outside of the baggage claim. The cancellation policy for Door-to-Door Rideshare services, Town Cars/Express Service and Exclusive Vans requires 8 hours advance notice. Limousines, Minibuses and Limo buses require a 72 hours notice. Refunds will be issued only if cancellations are made 8 hours in advance for Door-to-Door rideshare services, Town Cars/Express Service and Exclusive Vans and 72 hours for Limousines, Minibuses and Limo buses. Since the baggage is never removed from the passenger's presence, a passenger's baggage remains, at all times, the responsibility of the passenger. Flight changes or delays of more than 1 hour may result in an extended wait at the airport. Please call with anticipated changes. Roadrunner Shuttle cannot assume responsibility for any claims, losses, damages, costs or expenses arising out of injury, accident or death, damage, loss or delay of property, delay or inconvenience resulting from: (a) the act of omission of any other party, (b) mechanical breakdowns, (c) traffic, (d) government actions, labor disputes and other factors beyond our control (e) rider failure to follow instructions as to pick-up points, baggage handling and check-in times. Roadrunner Shuttle reserves the right to refuse service to anyone at any time before or during a trip if his or her conduct is judged detrimental to the harmony or comfort of the trip. NO SMOKING IN THE VANS. Prices are subject to change. Passengers are required to furnish any child car seat that is required by law for the children traveling in their party. Any kind damage to the Roadrunner vehicle, excessive spillage of beverages, or any bodily fluids left inside the vehicle will result in a minimum charge of \$250 for a cleaning fee. If the damage exceeds \$250, Roadrunner will charge the full amount incurred to fix the damage caused by your party.</i></p> | | <table border="1"> <thead> <tr> <th>Service</th> <th>On</th> <th>Price</th> <th>Qty</th> </tr> </thead> <tbody> <tr> <td>Extra Stops</td> <td>B</td> <td>20</td> <td>2</td> </tr> </tbody> </table> | Service | On | Price | Qty | Extra Stops | B | 20 | 2 | |
| Service | On | Price | Qty | | | | | | | | |
| Extra Stops | B | 20 | 2 | | | | | | | | |

2/6

\$ 304.86
 APPROVED FOR PAYMENT
 BY Harley Bah
 DATE 4/19/10
 ACCT 606002-TR910-735-90298
 CONTRACT/PO _____
 PARTIAL PAYMENT
 PAYMENT IN FULL

\$ 47.14
 APPROVED FOR PAYMENT
 BY Harley Bah
 DATE 4/19/10
 ACCT 606002-68901-735
 CONTRACT/PO _____
 PARTIAL PAYMENT
 PAYMENT IN FULL



Roadrunner Shuttle

"Transportation you can count on"
240 S. Glenn Dr. Camarillo, CA 93010

Call (805) 389 8196

Visit www.rrshuttle.com

5/17/10 5:28 pm

Page No: Page 2 of 2

| | | | | | | | |
|-----------------|---------|-------|-----------------|---------------|-----------------|-------------|-----------------|
| Arv | 5/11/10 | XL | 1 THOUSAND OAKS | CAMARILLO | | | |
| Dep | 5/11/10 | XL | 1 CAMARILLO | THOUSAND OAKS | | | |
| 687099 | | KEEI | | | 44.00 | 44.00 | |
| Arv | 4/16/10 | RS | 1 LAX | THOUSAND OAKS | | | |
| 690993 | | KELLY | | | 236.00 | 236.00 | |
| Arv | 5/1/10 | XL | 8 BUR | CAMARILLO | | | |
| Dep | 4/30/10 | XL | 8 CAMARILLO | BUR | | | |
| Total \$ | | | | | 1,480.00 | 0.00 | 1,480.00 |

\$44.00

APPROVED FOR PAYMENT - ACCOUNTING DEPT.

BY Handy Bal

DATE 5/24/10

ACCT 606002-~~K~~910-735-90298

CONTRACT/PO _____

PARTIAL PAYMENT

PAYMENT IN FULL

Wolf Return Shuttle.



Roadrunner Shuttle

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Call (805) 389 8196

Visit www.rrshuttle.com

5/17/10 5:28 pm

Page No: Page 1 of 2

Received
CSUCI Accounting

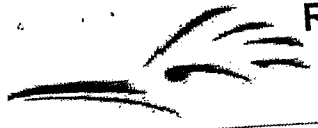
2010 MAY 19 P 12:22

Invoice No : 3933
Invoice Date : 05/11/2010
Due Date : 05/21/2010
Term : Net 10 Day (s)

CSUCI - MAIN ACCOUNT

ONE UNIVERSITY DRIVE
CAMARILLO CA
93012

| Reservation# | Last Name | PSGR | Source | Destination | Fare | Disc | Disc Fare |
|--------------|-----------|----------------|-----------------|---------------|--------|------|-----------|
| Arv/Dep | Sch Date | Service | | | | | |
| 683914 | | CSUCI EXTENDED | | | 150.00 | | 150.00 |
| Arv | 4/17/10 | XL | 7 THOUSAND OAKS | CAMARILLO | | | |
| Dep | 4/17/10 | XL | 7 CAMARILLO | THOUSAND OAKS | | | |
| 683916 | | CSUCI EXTENDED | | | 150.00 | | 150.00 |
| Arv | 4/24/10 | XL | 7 THOUSAND OAKS | CAMARILLO | | | |
| Dep | 4/24/10 | XL | 7 CAMARILLO | THOUSAND OAKS | | | |
| 683917 | | CSUCI EXTENDED | | | 150.00 | | 150.00 |
| Arv | 5/1/10 | XL | 7 THOUSAND OAKS | CAMARILLO | | | |
| Dep | 5/1/10 | XL | 7 CAMARILLO | THOUSAND OAKS | | | |
| 683918 | | CSUCI EXTENDED | | | 150.00 | | 150.00 |
| Arv | 5/8/10 | XL | 7 THOUSAND OAKS | CAMARILLO | | | |
| Dep | 5/8/10 | XL | 7 CAMARILLO | THOUSAND OAKS | | | |
| 683937 | | CSUCI EXTENDED | | | 150.00 | | 150.00 |
| Arv | 4/20/10 | XL | 1 THOUSAND OAKS | CAMARILLO | | | |
| Dep | 4/20/10 | XL | 1 CAMARILLO | THOUSAND OAKS | | | |
| 683939 | | CSUCI EXTENDED | | | 150.00 | | 150.00 |
| Arv | 4/27/10 | XL | 1 THOUSAND OAKS | CAMARILLO | | | |
| Dep | 4/27/10 | XL | 1 CAMARILLO | THOUSAND OAKS | | | |
| 683942 | | CSUCI EXTENDED | | | 150.00 | | 150.00 |
| Arv | 5/4/10 | XL | 1 THOUSAND OAKS | CAMARILLO | | | |
| Dep | 5/4/10 | XL | 1 CAMARILLO | THOUSAND OAKS | | | |
| 683951 | | CSUCI EXTENDED | | | 150.00 | | 150.00 |



Roadrunner Shuttle & Limousine
 TCP#7343-P PSC#7343
 240 S. Glenn Dr., Camarillo, CA 93010

Call 1-800-247-7919
 Visit www.rrshuttle.com
 Reservation# 687099-A

| | | | |
|---|---|-------------------|--------------|
| KEEI, KIMMI (1) | Type Ride Share | Dep Fee | 00.00 |
| Airport LAX | 509 RAINDANCE ST THOUSAND OAKS 91360 | Gratuity D | 00.00 |
| Airline Delta Airlines#1183 | | Arv Fee | 44.00 |
| Flight Time 04/16/10 08:34 PM | Phone 338-5123 TG1 | Gratuity A | 00.00 |
| Origin Salt Lake City, UT | PickUp Time | Surcharge | 00.00 |
| TG2 Conf# dmanis | | Services | 00.00 |
| Direction: C/S STARFIRE AV // GOLD HILL CIR | | Discount | 00.00 |
| | | Total \$ | 44.00 |
| | | Paid | Scheduled |
| | | Collect \$ | 00.00 |

Instructions

| | | | | |
|------------------------------|---------|------|-------|-----------|
| Traveller | Amount | Tips | Total | Signature |
| Billto: CSUCI - MAIN ACCOUNT | \$44.00 | + | = | |



Roadrunner Shuttle & Limousine
 TCP#7343-P PSC#7343
 240 S. Glenn Dr., Camarillo, CA 93010

Call 1-800-247-7919
 Visit www.rrshuttle.com
 Reservation# 687099

| | | | |
|-------------------------------|---|-----------------|--------------|
| KEEI, KIMMI (1) | Type Ride Share | Dep Fee | 00.00 |
| Airport LAX | 509 RAINDANCE ST THOUSAND OAKS 91360 | Gratuity D | 00.00 |
| Airline Delta Airlines#1183 | | Arv Fee | 44.00 |
| Flight Time 04/16/10 08:34 PM | Req Arv Time | Gratuity A | 00.00 |
| | | Surcharge | 00.00 |
| | | Services | 00.00 |
| | | Discount | 00.00 |
| | | Total \$ | 44.00 |

For pick-up, after you claim your baggage from the baggage claim please call (800) 247-7919 and press 2 to confirm with the dispatcher that you have your baggage and are ready to be picked-up. The Roadrunner Driver will pick you up under the GREEN BUS STOP sign on the Island outside of the baggage claim. The cancellation policy for Door-to-Door Rideshare services, Town Cars/Express Service and Exclusive Vans requires 8 hours advance notice. Limousines, Minibuses and Limo buses require a 72 hours notice. Refunds will be issued only if cancellations are made 8 hours in advance for Door-to-Door rideshare services, Town Cars/Express Service and Exclusive Vans and 72 hours for Limousines, Minibuses and Limo buses. Since the baggage is never removed from the passenger's presence, a passenger's baggage remains, at all times, the responsibility of the passenger. Flight changes or delays of more than 1 hour may result in an extended wait at the airport. Please call with anticipated changes. Roadrunner Shuttle cannot assume responsibility for any claims, losses, damages, costs or expenses arising out of injury, accident or death, damage, loss or delay of property, delay or inconvenience resulting from: (a) the act of omission of any other party, (b) mechanical breakdowns, (c) traffic, (d) government actions, labor disputes and other factors beyond our control (e) rider failure to follow instructions as to pick-up points, baggage handling and check-in times. Roadrunner Shuttle reserves the right to refuse service to anyone at any time before or during a trip if his or her conduct is judged detrimental.

End of the trip. NO SMOKING IN THE VANS. Prices are subject to change. Passengers

CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS



**REQUEST FOR CHART FIELD CHANGES TO
A/P INVOICES OR GENERAL LEDGER ENTRIES**

➔ **NOTE: DO NOT USE TO CHANGE PURCHASE ORDERS. CHANGES AFFECTING CONTRACTS & GRANTS MUST BE REVIEWED BY THE BUDGET DEPT. BEFORE SUBMITTING TO ACCOUNTING.**

CHANGE FROM:

| Account | Fund | Dept. | Program | Class | Project | Amount |
|---------|-------|-------|---------|-------|---------|----------|
| 660009 | GD935 | 735 | | | | 2,450.00 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

CHANGE TO:

| Account | Fund | Dept. | Program | Class | Project | Amount |
|---------|-------|-------|---------|-------|---------|----------|
| 660009 | TK910 | 735 | 90298 | | | 2,450.00 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

REASON FOR CHANGE: (Please explain and attach supporting documentation such as PeopleSoft reports which include voucher number information.)

The program numbers for the IRA funded student travel was not ready. Payment for the registration needed to be received by March 12, 2010. The funds were charged to PSY CERF funds and we are now requesting that they be transferred to the newly created program numbers. See documentation attached.

Requested by JERILEE PETRAUBA Date 3/23/10
 Authorized by Harley Ba Date 3/23/10
 (original dept.)
 Authorized by Harley Ba Date 3/23/10
 (dept. changed to)

| ACCOUNTING NOTES | Reviewed by: |
|------------------|--------------|
| | |
| | |
| Rev. 12/06 | |

R

Subject: FW: IRA Budget Codes
Date: Friday, March 19, 2010 9:53 AM
From: Devins, Mary <mary.devins816@csuci.edu>
To: Jerilee Petralba jerilee.petralba@csuci.edu
Conversation: IRA Budget Codes

Hi Jerilee,

I just got these accounting strings.

Do you know if Christy Teranishi is traveling with her groups to Portland or if they are going on their own?

Thanks,
Mary

From: Cole, Tracy
Sent: Friday, March 19, 2010 9:49 AM
To: Devins, Mary
Subject: RE: IRA Budget Codes

Hi Mary,
Here's the program numbers for the new 09-10 IRA programs recently approved:

| Program Name | Fund | Dept | Program | Amount |
|---|-------|------|---------|----------|
| Flow Research Group Conference Presentation | TK910 | 735 | 90296 | 3,700.00 |
| Mariposa Evolucionando Research Group Conference Presentation | TK910 | 735 | 90297 | 3,700.00 |
| National Conference on Undergraduate Research | TK910 | 735 | 90298 | 7,800.00 |
| A Night of Creative Non-Fiction with Ana Maria Spagna | TK910 | 730 | 90299 | 450.00 |

These have been entered in PeopleSoft and Hyperion. Hard copies will be sent via interoffice mail. Let me know if you have any questions.

Tracy

Tracy Cole
University Budget Analyst
Cal State Channel Islands
805-437-3280

From: Devins, Mary
Sent: Friday, March 19, 2010 9:28 AM
To: Cole, Tracy

Subject: RE: IRA Budget Codes

Thanks and sorry to be a pest!

Mary

From: Cole, Tracy
Sent: Friday, March 19, 2010 9:27 AM
To: Devins, Mary
Subject: RE: IRA Budget Codes

Hi Mary,
Yes, I'm in today and working on those right now. I'll email you the list in just a bit :)

Tracy

From: Devins, Mary
Sent: Friday, March 19, 2010 9:25 AM
To: Cole, Tracy
Subject: IRA Budget Codes

Hi Tracy,

I was just checking to see if you are in today and if there is any chance of getting those accounting strings for the new IRA programs. Christy Teranishi needs to make flight arrangements for the group, so I will need the accounting strings to get CIT numbers.

Thanks,
Mary Devins
Faculty Support Coordinator
Communication, ESRM, Spanish/Languages and IRA
Bell Tower West 1165
(805) 437-3253
Fax (805) 437-3253

Unpaid furlough days are taken on the second and fourth Fridays of each month, through June 2010.



**California State University Channel Islands
Check Request Form**

To be used for transactions not requiring a purchase order, service agreement or travel & expense reimbursement

MAKE CHECK PAYABLE TO:

Name: The University of Montana

Address 1: Continuing Education NCUR 2010

Address 2: 32 Campus Drive

City, State Zip: Missoula, MT 59812

Amount: \$ 2450.00

*Check will only be held for 48 hours after notification before being mailed out.

PeopleSoft Vendor ID: 6136

Note: New vendors must complete a Form 204

Check Instructions:

- Mail to payee
- * Pick up at Cashier - Ext 8835
- Mail attachments with check – include copies

Description to appear on reports (30 characters)

Conference Fee for NCUR

TYPE OF PAYMENT:

- | | | |
|---|---|--|
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Lodging (Camarillo area) ** | <input type="checkbox"/> Subscription/Periodical |
| <input type="checkbox"/> Art Model | <input type="checkbox"/> Membership/Dues | <input type="checkbox"/> Tax Remittance* |
| <input type="checkbox"/> Bank Fee* | <input type="checkbox"/> Parking | <input type="checkbox"/> Utility/Telephone |
| <input type="checkbox"/> Freight/Postage | <input type="checkbox"/> Payroll | <input type="checkbox"/> IRA Activity |
| <input type="checkbox"/> Honorarium/Speaker | <input type="checkbox"/> Permit/License | <input type="checkbox"/> Other- must be explained |
| <input type="checkbox"/> Interpreting/Note taking | <input checked="" type="checkbox"/> Registration/Conference | |

*Accounting Use Only **Hampton Inn/Country Inn/Courtyard Marriott

DESCRIPTION AND/OR EXPLANATION OF PAYMENT:

Conference fees for 14 students attending NCUR 2010 in The University of Montana. Each fee is at \$175.00 per student. Student List is attached.

ACCOUNTING & APPROVAL:

| Account | Fund | Dept ID* | Program | Class | Project/Grant** | Amount |
|--------------|-------|----------|---------|-------|-----------------|-------------------|
| 660009 | GD935 | 735 | | | | \$2,450.00 |
| Total | | | | | | \$2,450.00 |

*Depts. 2xx,3xx,4xx,6xx,9xx require additional approval as designated by VP Finance & Admin.

Requestor: Jerilee Petralba / 8835
Printed Name & Extension

Signature

2/24/10
Date

Approver: Harley Baker / 8997
Printed Name & Extension

Signature

2/24/10
Date

Approver: _____
(If required) Printed Name & Extension

Signature

Date

Students Attending NCUR 2010 in The University of Montana

Serna, Stephanie

Lockwood, Dana

Welsh, Allison

Todd, Heather

Farach, Gabriela

Cuny, Blair

Villalobos, Bianca

Bramson, Pavlina

Lysak, Matthew

Jalandoni, John Rex

McDonald, Jennifer

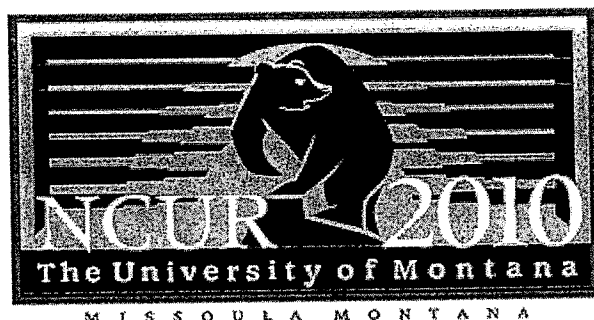
Oleary, Allison

Wolf, Heidi

Brenner, Tina

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- [Poster Presentations](#)
- [Performing Arts](#)
- [Visual Arts Presentations](#)
- [Graduate and Professional School Fair](#)
 - [Advertising](#)
- [Travel Information](#)
 - [About Missoula](#)
 - [Accommodation](#)
 - [Travel/Transportation](#)
 - [Hotel Shuttle Information](#)
- [General Information](#)
 - [NCUR Website](#)
 - [Wireless Access](#)
- [Faculty Sign-Up for Abstract Review](#)
- [Contact Us](#)

24th National Conference on Undergraduate Research



24th National Conference on Undergraduate Research (NCUR)

Conference Registration opens January 22nd!

"Meet Me in Montana"

NCUR

April 15-17, 2010

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 - [Volunteer for NCUR](#)
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- [Session Guidelines](#)
 - [Artwork and Shipping Instructions](#)

The University of Montana

32 Campus Drive

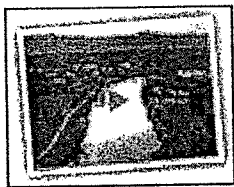
Missoula, MT 59812

The National Conference on Undergraduate Research (NCUR) is dedicated to promoting undergraduate research, scholarship, and creative activity in all fields of study. This annual gathering welcomes up to 2,600 scholars and their faculty mentors from all institutions of higher learning in the United States. NCUR creates a unique environment for the celebration and promotion of undergraduate student achievement.

- The University of Montana
- 32 Campus Drive
- Missoula, MT 59812
- (406) 243-0211

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- The University of Montana



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TRAVEL EXPENSE CLAIM (TEC)

C.I.T # _____

Must be submitted within 30 days of the end of travel

 Employee
 Applicant
 Volunteer
 Non-Employee
 Student (waiver on file)

| | | | | | |
|--|--|--|--|--|---------------------|
| TRAVELER'S NAME Gabriela Farach | | RESIDENCE ADDRESS 746 Lynnmere Drive | | CITY/STATE/ZIP CODE Thousand Oaks, CA 91360 | |
| HEADQUARTERS ADDRESS One University Drive | | HEADQUARTERS CITY/STATE/ZIP Camarillo, CA 93012 | | TRAVELER'S PHONE NO. 805-493-9275 | |
| DEPARTURE DATE 4/14/10 | | DEPARTURE TIME (AM/PM) 9:50AM | | RETURN DATE 4/17/10 | |
| RETURN TIME (AM/PM) 9:00PM | | FORM PREPARED BY Jerilee Petralba | | EXTENSION 8835 | |
| DEPARTMENT Psychology | | | | | POSITION Student |
| DATE PREPARED 5/10/10 | | | | | |
| SELECT ONE: <input checked="" type="checkbox"/> Mail Check <input type="checkbox"/> Pickup Check | | | | | |

SAME-DAY TRAVEL

| DATE | DESTINATION | LODGING | MEALS (Taxable*) | | | INCIDENTALS | REGISTRATION | COST OF TRANS. | TYPE USED | CARFARE TOLLS PARKING | PRIVATE CAR USE | | BUSINESS EXPENSE | TOTAL EXPENSES FOR DAY |
|------|-------------|---------|------------------|-------|--------|-------------|--------------|----------------|-----------|-----------------------|-----------------|--------|------------------|------------------------|
| | | | Breakfast | Lunch | Dinner | | | | | | MILES | AMOUNT | | |
| | | NA | | NA | | NA | | | | | | 0.00 | | \$0.00 |

OVERNIGHT TRAVEL

| DATE | DESTINATION | LODGING | MEALS | | | INCIDENTALS | REGISTRATION | COST OF TRANS. | TYPE USED | CARFARE TOLLS PARKING | PRIVATE CAR USE | | BUSINESS EXPENSE | TOTAL EXPENSES FOR DAY |
|--------------------------------------|---|---------|-----------|--------|--------|-------------|--------------|----------------|-----------|-----------------------|-----------------|--------|------------------|------------------------|
| | | | Breakfast | Lunch | Dinner | | | | | | MILES | AMOUNT | | |
| 4/14/10 | Camarillo, CA to LAX to Missoula, Montana | | | | | N/A | | 341.34 | | 22.00 | | 0.00 | 175.00 | \$538.34 |
| 4/15/10 | Missoula, Montana | | | | | | | | | | | 0.00 | | 0.00 |
| 4/16/10 | Missoula, Montana | | | | | | | | | | | 0.00 | | 0.00 |
| 4/17/10 | Missoula, Montana to LAX to Camarillo, CA | | | | | | | | | 25.14 | | 0.00 | | 25.14 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| SUBTOTAL | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$341.34 | | \$47.14 | 0 | \$0.00 | \$175.00 | \$563.48 |
| LESS AMOUNT PREVIOUSLY PAID BY CSUCI | | | | | | | 175.00 | | | 47.14 | | | | (222.14) |
| | | | | | | | | | | | | | | |

LESS ANY OTHER ADJUSTMENTS

Comments:

AMOUNT DUE TRAVELER **\$341.34**

Source of Funding: (Please verify chartfields before submitting to AP)

| Account | Fund | Dept | Program | Class | Project | Amount |
|---------|-------|------|---------|-------|---------|----------|
| 606002 | TK910 | 735 | 90298 | | | \$341.34 |
| *606803 | | | | | | \$0.00 |

PURPOSE OF TRIP, REMARKS, AND DETAILS: Attach original receipts to 8.5" X 11" paper and submit with claim

IRA funded student travel. Presented at 24th National Conference on Undergraduate Research at the University of Montana, Missoula Montana. \$47.14 is Roadrunner Shuttle cost (direct bill). Reimbursement for flight and hotel.

Total Amount \$341.34

NORMAL WORK DAYS & HOURS
Student Traveller - IRA Fund

PRIVATE VEHICLE LICENSE

MILEAGE RATE CLAIMED
0.500 (If different see instructions)

I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with the applicable California State University procedures and CSUCI procedures, and that all items shown were for the official business of The California State University. If a privately owned vehicle was used, and if mileage rate exceeds the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

| | | |
|---|-----------------------------|------------------------|
| CLAIMANT'S PRINTED NAME GABRIELA FARACH | CLAIMANT'S SIGNATURE | DATE 5/10/10 |
| MANAGER'S PRINTED NAME HARLEY BAKER | MANAGER'S SIGNATURE | DATE 5/10/10 |
| DIVISION APPROVAL PRINTED NAME (VP OR DESIGNEE) if required | DIVISION APPROVAL SIGNATURE | DATE |

AIR TRAVEL NOTIFICATION FORM

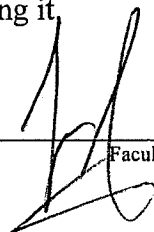
Dear Gabriela Farach,
(Student's Name)

You are currently participating in a California State University-affiliated program which requires air travel.

Air travel involves risks and could result in damage to property, injury to persons, and death. Please be informed that the California State University assumes no liability for damage, injury, and death which may occur during air travel required by the California State University-affiliate programs. Your participation in the program is voluntary, and you participate at your own risk.

Prior to undertaking CSU-affiliated air travel, you will be required to sign the below "Release and Hold-Harmless Statement." Please review the statement carefully before signing it.

Kimmy Kee-Rose, Ph.D.
Faculty Name (Please Print)


Faculty Signature

RELEASE AND HOLD-HARMLESS STATEMENT

I, Gabriela Farach, am a student at California State University, Channel Islands, one of the campuses of the California State university (CSU).

I am/will be participating in a CSU-affiliated program which requires air travel. (CSU-affiliated program includes any program offered by, or pursuant to a program of, the California State University, any campus of the California State University, any student body organization, or any organization affiliated with any such organization or with any combination thereof.) My participation in this program is voluntary.

I have been informed, and I know, that 1) air travel involves risks which can result in damage to property, injury to persons, and death; and 2) the CSU assumes no liability for damage, injury, or death occurring on such travel. With this knowledge and information, I agree to participate in the program, and the air travel, at my own risk.

I release and hold harmless the state of California, the California State University, California State University, Channel Islands, and each and every officer, employee, volunteer and agent of each of them, from any and all claims and causes of action that I may have against any of these institutions or persons, by reason of any accident, illness, injury, death, or other consequences resulting directly or indirectly from or in any manner arising out of, or in connection with, my being a passenger on an airplane pursuant to my participation in the CSU-affiliated program.

This release and hold-harmless shall also be binding on my heirs, assigns, successors, and all other persons who may claim through me.


Student Signature

Gabriela Farach
Print Name

3-5-10
Date

1746 Lynnmere Dr.
Street Address

Thousand Oaks
City

California
State

91360
Zip Code

If Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. I have read this two-page document, and I am signing it freely. **I understand the legal consequences of signing this document, including (a) release of University from all liability on my and the Participant's behalf, (b) waiver of my and the Participants' right to sue, (c) and assumption of all risks of the Participant's participation in this Activity, including travel to and from the Activity.** I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

Signature of Minor Participant's Parent/Guardian Date

Minor Participant's Name

One University Drive
Camarillo, California 93012
Tel 805-437-8400
Fax 805-437-8424

Estimated Number of Students Participating: 15 CSUCI Undergraduate Students

Application
Instructionally Related Activities Funds Request
2009-2010 Academic Year

Conditions and Considerations

Equipment Purchase-If requesting large equipment, Project Sponsor must show proof of correspondence with OPC Administration. In addition, all other purchases must follow Procurement Guidelines

Events-Attach copy of Events and Facilities Use Request Form (Public Folders-Events & Facilities folder) Consider time frame for set-up and take down.

Participant Data Collection for Public Dissemination-If Project Sponsor proposes to conduct research with human participants then it may be subject to IRB (Institutional Review Board for the Protection of Human Subjects) review. It is the Project Sponsor's responsibility to inquire with the IRB prior to IRA application submission to determine if the project is exempt from IRB review so that funding is not delayed. Please indicate on the cover page if your project is exempt from IRB review.

Field Trip-If approved, Identified Risks of Participation and Release Agreement must be submitted for each student to the Program Office (Public Folders-HR Forms).

IT Requirements-Requires proof of correspondence and approval from IT Administration

International Travel-Requires International Travel application be submitted to Center for International Affairs.

Risk Management Consultation-Requires proof of correspondence with Risk Management.

Space/OPC Requirements, Infrastructure/Remodel-Requires proof of correspondence with OPC Administration .

Late Submission (Deadlines: Fall 3/14, Spring 10/15)-Requires explanation for emergency funding.

Fiscal Management: Project Sponsor's program will be responsible for all costs incurred over and above what is funded through the IRA award and will be responsible for seeing that any revenue that is intended to offset the amount of the IRA award is transferred accordingly.

- Students should have an understanding of the complexity of cultural diversity.
- Students should be able to express themselves effectively in written and oral communication.

Finally, supporting students' original research and the dissemination of that research helps to meet the CSUCI institutionally-based learning outcomes.

2. **Relation to IRA to Course Offerings.** All IRAs must be integrally related to the formal instructional offerings of the University and must be associated with scheduled credit courses. Please list all classes that relate to the program proposed.

PSY 300 (Psychological Research and Statistical Methods and Lab I)
 PSY 301 (Psychological Research and Statistical Methods and Lab II)
 PSY 490 (Special Topics: Experimental Psychopathology I and II)
 PSY 494 (Independent Research in Psychology)
 PSY 497 (Directed Study in Psychology)

3. **Activity Assessment.** Describe the assessment process and measures that the program will use to determine if it has attained its educational goals. **Please note a report will be due at the end of the semester.**

For the courses listed in #2, students' final grade will be based upon their participation and performance on the various aspects of research activities including abstract submissions and conference presentations.

In addition, students will prepare and present their work at the Annual Psychology Poster Presentations in May 2010. Their papers/posters will be evaluated using a rubric designed to assess the degree to which Psychology program objectives have been met.

4. **Activity Budget.** Please enclose a complete detailed budget of the entire Activity **bold** specific items of requested IRA funding. (Page 4)

| | | |
|--|--|-------------|
| Estimated Cost of Trip for 15 Students: | | |
| Roundtrip Airfare (15 students x \$315.00/person) | | \$ 4,725.00 |
| Roundtrip Shuttle Transportation between Hotel and Airport (15 students x \$30.00/person) | | \$ 450.00 |
| Conference Registration (15 students x \$175.00/person) | | \$ 2,625.00 |
| *Hotel in Montana (8 rooms @\$160.00/room/night for 4 nights) | | \$ 5,120.00 |
| *Meals (15 students x \$25.00/day/person for 5 days) | | \$ 1,875.00 |

TOTAL AMOUNT ESTIMATED: \$14,795.00
 TOTAL AMOUNT REQUESTED: \$ 7,800.00

*Students will pay for their own accommodations and meals.

Application
Instructionally Related Activities Funds Request
2009-2010 Academic Year

ACTIVITY BUDGET FOR 2009-2010

1. Operating Expense Budget

| | |
|--------------------------------------|-----------------------|
| A. Supplies | _____ |
| B. Vendor Printing | _____ |
| C. In-State Travel | <u>\$450.00</u> |
| D. Out-of-State Travel | <u>\$4,725.00</u> |
| E. Equipment Rental | _____ |
| F. Equipment Purchase | _____ |
| G. Contracts/Independent Contractors | _____ |
| H. Honorarium | _____ |
| I. OPC Chargeback | _____ |
| J. Copier Chargeback | _____ |
| K. Other (Conference Registration) | <u>\$2,625.00</u> |
| TOTAL Expenses | <u>\$7,800.00</u> |

2. Revenue

| | |
|--|-------------------|
| A. Course Fees | _____ |
| B. Ticket Sales | _____ |
| C. Out of Pocket Student Fees (exclusive of course fees) | _____ |
| D. Additional Sources of funding (Please specify And indicate source) | _____ |
| E. Requested Allocation from IRA | <u>\$7,800.00</u> |
| Total Revenue | <u>\$7,800.00</u> |



TRAVEL EXPENSE CLAIM (TEC)

C.I.T.# _____

Must be submitted within 30 days of the end of travel

Employee
 Applicant
 Volunteer
 Non-Employee
 Student (waiver on file)

| | | | | | |
|--|--|--|--|---|--|
| TRAVELER'S NAME Bianca Villalobos | | RESIDENCE ADDRESS 14748 Stanford St | | CITY/STATE/ZIP CODE Moorpark, CA 93021 | |
| HEADQUARTERS ADDRESS One University Drive | | HEADQUARTERS CITY/STATE/ZIP Camarillo, CA 93012 | | TRAVELER'S PHONE NO. 805-210-1831 | |
| DEPARTURE DATE 4/14/10 | | DEPARTURE TIME (AM/PM) 9:50AM | | RETURN DATE 4/17/10 | |
| RETURN TIME (AM/PM) 9:00PM | | FORM PREPARED BY Jerilee Petralba | | EXTENSION 8835 | |
| DEPARTMENT Psychology | | POSITION Student | | DATE PREPARED 4/19/10 | |
| SELECT ONE: <input type="checkbox"/> Mail Check <input checked="" type="checkbox"/> Pickup Check | | | | | |

SAME-DAY TRAVEL

| DATE | DESTINATION | LODGING | MEALS (Taxable*) | | | INCIDENTALS | REGISTRATION | COST OF TRANS. | TYPE USED | TRANSPORTATION | | BUSINESS EXPENSE | TOTAL EXPENSES FOR DAY |
|------|-------------|---------|------------------|-------|--------|-------------|--------------|----------------|-----------|-----------------------|------------------------------|------------------|------------------------|
| | | | Breakfast | Lunch | Dinner | | | | | CARFARE TOLLS PARKING | PRIVATE CAR USE MILES AMOUNT | | |
| | | NA | | NA | | NA | | | | | 0.00 | | \$0.00 |

OVERNIGHT TRAVEL

| DATE | DESTINATION | LODGING | MEALS | | | INCIDENTALS | REGISTRATION | COST OF TRANS. | TYPE USED | TRANSPORTATION | | BUSINESS EXPENSE | TOTAL EXPENSES FOR DAY | |
|--------------------------------------|---|----------|-----------|--------|--------|-------------|--------------|----------------|-----------|-----------------------|------------------------------|----------------------------|------------------------|----------|
| | | | Breakfast | Lunch | Dinner | | | | | CARFARE TOLLS PARKING | PRIVATE CAR USE MILES AMOUNT | | | |
| 4/14/10 | Camarillo, CA to LAX to Missoula, Montana | 73.83 | | | | N/A | \$0.00 | \$341.34 | | 22.00 | 0.00 | 175.00 | \$612.17 | |
| 4/15/10 | Missoula, Montana | 73.83 | | | | | | | | | 0.00 | | 73.83 | |
| 4/16/10 | Missoula, Montana | 73.83 | | | | | | | | | 0.00 | | 73.83 | |
| 4/17/10 | Missoula, Montana to LAX to Camarillo, CA | | | | | | | | | 25.14 | 0.00 | | 25.14 | |
| | | | | | | | | | | | 0.00 | | 0.00 | |
| | | | | | | | | | | | 0.00 | | 0.00 | |
| | | | | | | | | | | | 0.00 | | 0.00 | |
| SUBTOTAL | | \$221.49 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$341.34 | | \$47.14 | 0 | \$0.00 | \$175.00 | \$784.97 |
| LESS AMOUNT PREVIOUSLY PAID BY CSUCI | | | | | | | | 175.00 | | 47.14 | | | | (222.14) |
| LESS ANY OTHER ADJUSTMENTS | | | | | | | | | | | | | | |
| Comments: | | | | | | | | | | | | AMOUNT DUE TRAVELER | \$562.83 | |

Source of Funding: (Please verify chartfields before submitting to AP)

| Account | Fund | Dept | Program | Class | Project | Amount |
|---------|-------|------|---------|-------|---------|----------|
| 606002 | TK910 | 735 | 90298 | | | \$562.83 |
| *606803 | | | | | | \$0.00 |

PURPOSE OF TRIP, REMARKS, AND DETAILS: Attach original receipts to 8.5" X 11" paper and submit with claim

IRA funded student travel. Presented at 24th National Conference on Undergraduate Research at the University of Montana, Missoula Montana. \$47.14 is Roadrunner Shuttle cost (direct bill). Reimbursement for flight and hotel.

| | |
|---------------------------|---------------------------------------|
| NORMAL WORK DAYS & HOURS: | Student Traveller - IRA Fund |
| PRIVATE VEHICLE LICENSE: | |
| MILEAGE RATE CLAIMED: | 0.500 (If different see instructions) |

I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with the applicable California State University procedures and CSUCI procedures, and that all items shown were for the official business of The California State University. If a privately owned vehicle was used, and if mileage rate exceeds the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

| | | |
|---|---|--------------------|
| CLAIMANT'S PRINTED NAME Bianca Villalobos | CLAIMANT'S SIGNATURE <i>Bianca Villalobos</i> | DATE 4/19/10 |
| MANAGER'S PRINTED NAME HARLEY BAKER | MANAGER'S SIGNATURE <i>Harley Baker</i> | DATE 04/19/2010 |
| DIVISION APPROVAL PRINTED NAME (VP OR DESIGNEE) if required Dan Wakelee | DIVISION APPROVAL SIGNATURE <i>Dan Wakelee</i> | DATE 4/26/10 |

Rev. E/01/10

for Ashish Vadya

Holiday Inn EXPRESS[®] HOTEL & SUITES

104

04-17-10

| | | |
|---|--|--|
| Allison Oleary 1 University Dr Camarillo California Camarillo, CA 93012 US | Folio No. : 55220 A/R Number : Group Code : Company : Leisure Travel Membership No. : Invoice No. : | Room No. : 407 Arrival : 04-14-10 Departure : 04-17-10 Conf. No. : 62033273 Rate Code : ILCOR Page No. : 1 of 1 |
|---|--|--|

| Date | Description | Charges | Credits |
|----------------|------------------------------|---------------|---------------|
| 04-14-10 | *Accommodation | 69.00 | |
| 04-14-10 | Lodging Tax | 4.83 | |
| 04-15-10 | *Accommodation | 69.00 | |
| 04-15-10 | Lodging Tax | 4.83 | |
| 04-16-10 | *Accommodation | 69.00 | |
| 04-16-10 | Lodging Tax | 4.83 | |
| 04-17-10 | Visa XXXXXXXXXXXX8672 | | 221.49 |
| Total | | 221.49 | 221.49 |
| Balance | | 0.00 | |

Guest Signature: _____

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Villalobos, Bianca (Student)

From: Allegiant Air [no-reply@allegiantair.com]
Sent: Friday, March 05, 2010 12:32 PM
To: Villalobos, Bianca (Student)
Subject: AllegiantAir.com - Itinerary #7017609

CONFIRMATION #7017609

HERE IS A COPY OF YOUR ITINERARY. PLEASE USE THE CONFIRMATION NUMBER FOR 24-HOUR ADVANCE CHECK-IN.

1 Customer Information

Customer Name: BIANCA VILLALOBOS **Customer ID:** 3872975 **Book Date:** 3/5/2010

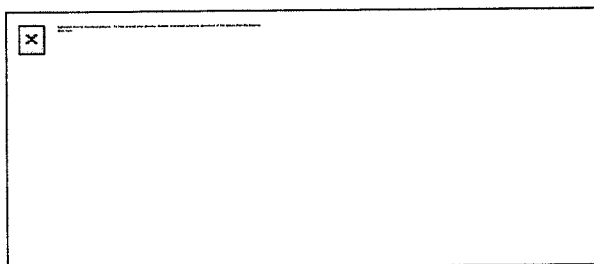
2 Flight

| Leg | Date | Flight | Depart | Time | Arrive | Time |
|-----|-------------|--------|-----------------------|----------|-----------------------|----------|
| 1A | Wed, Apr 14 | 350 | LOS ANGELES, CA (LAX) | 01:15 pm | MISSOULA, MT (MSO) | 04:40 pm |
| 2A | Sat, Apr 17 | 351 | MISSOULA, MT (MSO) | 05:30 pm | LOS ANGELES, CA (LAX) | 07:00 pm |

| # Passengers | Seat Flight 350 | Seat Flight 351 | Checked Bags |
|----------------------|-----------------|-----------------|--------------|
| 1 VILLALOBOS, BIANCA | 16D | 12F | 1 |

3 Payment

| | |
|---------------------|-----------------|
| AIRFARE: | \$219.98 |
| SEGMENT FEES: | \$7.40 |
| PFC: | \$9.00 |
| 911 SECURITY: | \$5.00 |
| PREPAID BAGS: | \$40.00 |
| SEAT SELECTION FEE: | \$29.98 |
| CONVENIENCE FEE: | \$14.00 |
| TRIP FLEX: | \$15.98 |
| TOTAL: | \$341.34 |



| | |
|--------------|--------------------|
| PAID: | (MC 5018) \$341.34 |
| BALANCE DUE: | \$0.00 |

Customers should check in 2 hours prior to departure. Customers need to be checked in no less than 45 minutes prior to scheduled departure which is when the Ticket Counter closes. All customers must be at the gate for boarding 30 minutes prior to scheduled departure to avoid forfeiting their reservation and all associated amenities. Aircraft doors will close at 10 minutes prior to scheduled departure to ensure an on-time departure.

Allegiant requires age verification for all passengers under the age of 18 who are traveling alone. Failure to provide proof of age will result in denied boarding.

Customers are limited to 1 carry-on bag, not to exceed 9" H x 14" W x 22" D, and 1 personal item such as a purse, briefcase, laptop computer, or diaper bag, not to exceed 9" H x 16" W x 19" D. The carry-on must be stored in the overhead bin near your assigned seat and the personal item must be placed under the seat in front of you. Customers with oversized carry-on baggage (exceeding 9" H x 14" W x 22" D) or with carry-on baggage in excess of quantity limits (1 + 1) will be charged additional fees at the gate.

CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS

a campus of the California State University • Bakersfield • Channel Islands • Chico • Dominguez Hills • Fresno • Fullerton • Hayward • Humboldt • Long Beach • Los Angeles
Maritime Academy • Monterey Bay • Northridge • Pomona • Sacramento • San Bernardino • San Diego • San Francisco • San Jose • San Luis Obispo • San Marcos • Sonoma • Stanislaus

**RELEASE OF LIABILITY, WAIVER OF RIGHT TO SUE, ASSUMPTION OF RISK AND
AGREEMENT TO PAY CLAIMS**

Activity: 24th National Conference on Undergraduate Research
Activity Date(s) and Time(s): April 14-18, 2010
Activity Location/Facility: Missoula, Montana

In consideration for being allowed to participate in this Activity, I **release from liability and waive my right to sue** the State of California, the Trustees of the California State University, which own and operate California State University, Channel Islands and their employees, officers, volunteers and agents (collectively "University") from any and all claims, **including the University's negligence**, resulting in any physical injury, illness (including death) or economic loss that I may suffer because of my participation in this Activity, including any travel to and from the Activity.

I am voluntarily participating in this Activity. I understand that there are risks, such as physical and/or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability or even death, which may occur from my participation in this Activity. These injuries or outcomes may arise from my own or other's actions, inactions, negligence, or from the condition of the Activity location(s) or facility(ies). **Nonetheless, I assume all related risks, whether known or unknown to me, of my participation in this Activity, including travel to and from the Activity.**

I agree to **hold** the University **harmless from any and all claims, loss or damage to my personal property, liabilities and costs, including attorney's fees**, as a result of my participation in this Activity, including travel to and from the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University.

If I need medical treatment, the University is authorized to obtain medical treatment for me. I will be financially responsible for any costs of such treatment. I agree that I will not hold the University responsible for any claims resulting from any medical treatment. I am aware that the University does not provide health insurance for me and I should carry my own health insurance.

I am 18 years or older. I have read this document, and I am signing it freely. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) waiver of my right to sue the University, (c) and assumption of all risks of participating in this Activity, including travel to and from the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

Participant Name: Bianca Villalobos Date: 3/1/10

Signature: Bianca Villalobos

One University Drive
Camarillo, California 93012
Tel 805-437-8400
Fax 805-437-8424



<http://www.csuci.edu/ira/index.htm>

Application
Instructionally Related Activities Funds Request
2009-2010 Academic Year
DEADLINE: Fall and Academic Year 3/15/09
Spring 10/15/10

Applications must first be sent to the appropriate program chair. Chairs will then recommend and route them to the Dean's Office for review and authorization. The Dean's Office will then forward them to the IRA Committee for consideration.

Activity Title: Attend National Conference on Undergraduate Research (NCUR)

Project Sponsor/Staff (Name/Phone): **Dr. Kimmy Kee-Rose/805-437-3276**

Activity/Event Date(s): **April 14-18, 2010**

Date Funding Needed By: **March 1, 2010**

**Please Note that for Fall Requests the earliest that you will be notified of funding availability will be early June 2008 and for Spring Requests early January 2009.

Please check if any of the following apply to your IRA:

- | | |
|--|--|
| Equipment Purchase | <input checked="" type="checkbox"/> Field Trip |
| Event | Participant data collection for public dissemination, i.e. interviews/surveys that result is a journal/poster session/newsletter |
| IT Requirements | Risk Management Consultation |
| International Travel | <input checked="" type="checkbox"/> Late Submission (Passed Deadlines: Fall 3/15, Spring 10/15) |
| Space/OPC Requirements | |
| Infrastructure/Remodel | |
| <input checked="" type="checkbox"/> Other <u>Attend national conference on undergraduate research (NCUR) to present results of empirical studies</u> | |

Previously Funded: YES NO Yes, Request # _____

Does your proposal require IRB (Institutional Review Board) approval: Yes No

Assessment submitted for previously Funded Activity: YES NO

Academic Program or Center Name and Budget Code: **Psychology, Budget Code 735**

Date of Submission: **February 1, 2010**

Amount Requested:
 (Should match item 2. E. on page 4)

Application
Instructionally Related Activities Funds Request
2009-2010 Academic Year

Requirements and Signatures

Please provide the following in your application:

1. **Brief Activity Description.** Describe the activity and its relationship to the educational objectives of the students' program or major.

Funding is requested for 15 CSUCI undergraduate students in my ongoing Psychology courses (see #2) to present the findings of their empirical research at the 24th National Conference on Undergraduate Research (NCUR), hosted by University of Montana in Missoula from April 15 to 17, 2010. The NCUR is dedicated to promoting undergraduate research, scholarship, and creative activity in all fields of study. This annual gathering welcomes up scholars and their faculty mentors from all institutions of higher learning in the United States. The NCUR creates a unique environment for the celebration and promotion of undergraduate student achievement.

I only received a call for paper/poster abstract submissions to NCUR in November of 2009. On December 4th, 15 students from my courses submitted a total of 5 abstracts for a paper presentation. Last week (on January 22nd), we received good news from the NCUR Abstract Review Committee that all of our 5 abstracts were approved for presentation. In addition, we were informed that our abstracts were chosen from over 2600 submissions and that they displayed a unique contribution to our field of study. Therefore, we are now making this late request for funding.

One of the primary goals of the courses listed in #2 is for students to present and disseminate their research findings at regional and national scientific conferences. In the field of Psychology, the experience of presenting at such conferences would help to better prepare students and significantly enhance their ability to obtain competitive positions in graduate study programs across the fields of behavioral science. Hence, this opportunity is one that will not only deal with meeting the Psychology program learning outcomes as listed below, but will enhance their future careers as well:

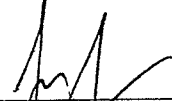
- Students should understand and be able to use major research methods in psychology (design, data analysis & interpretation).
- Students should have an understanding of applications of psychology to personal, social and organizational issues.
- Students should use and respect skeptical inquiry, critical thinking, and the scientific approach to understanding behavior.

5. **Sources of Activity Support.** Please list the other sources of funding, and additional support for the activity.

The current request has no other sources of funding. Each student will be paying for their own lodging, meals, and incidentals during the trip. *These costs are not included in the requested budget.*

7. **Acknowledgment.** Project Sponsor and Program Chair acknowledge that they have reviewed and accepted the Conditions and Considerations detailed on page 2.

Signatures and Dates


Project Sponsor _____ Date 02/01/2010


Program Chair/Director _____ Date 02/01/2010


Dean _____ Date 2/2/10



C.I.T # _____

TRAVEL EXPENSE CLAIM (TEC)

Must be submitted within 30 days of the end of travel

Employee
 Applicant
 Volunteer
 Non-Employee
 Student (waiver on file)

| | | | | | |
|--|----------------------------------|--|--------------------------------------|--|---|
| TRAVELER'S NAME John Jalandoni | | RESIDENCE ADDRESS 1145 Regents Street | | CITY/STATE/ZIP CODE Lancaster, CA 93534 | |
| HEADQUARTERS ADDRESS One University Drive | | HEADQUARTERS CITY/STATE/ZIP Camarillo, CA 93012 | TRAVELER'S PHONE NO. 805-210-1831 | DEPARTMENT Psychology | POSITION Student |
| DEPARTURE DATE 4/14/10 | DEPARTURE TIME (AM/PM) 9:50AM | RETURN DATE 4/17/10 | RETURN TIME (AM/PM) 9:00PM | FORM PREPARED BY Jerilee Petralba | EXTENSION 8835 |
| DATE PREPARED 4/19/10 | | | | | DELIVERY OPTIONS <input checked="" type="checkbox"/> Mail Check <input type="checkbox"/> Pickup Check |

| SAME-DAY TRAVEL | | | | | | | | | | | | | |
|-----------------|-------------|---------|------------------|-------|--------|-------------|--------------|----------------|-----------|-----------------------|------------------------------|------------------|------------------------|
| DATE | DESTINATION | LODGING | MEALS (Taxable*) | | | INCIDENTALS | REGISTRATION | COST OF TRANS. | TYPE USED | TRANSPORTATION | | BUSINESS EXPENSE | TOTAL EXPENSES FOR DAY |
| | | | Breakfast | Lunch | Dinner | | | | | CARFARE TOLLS PARKING | PRIVATE CAR USE MILES AMOUNT | | |
| | | NA | | NA | | NA | | | | | 0.00 | | \$0.00 |

| OVERNIGHT TRAVEL | | | | | | | | | | | | | | |
|------------------|---|----------|-----------|--------|--------|-------------|--------------|----------------|-----------|-----------------------|------------------------------|------------------|------------------------|----------|
| DATE | DESTINATION | LODGING | MEALS | | | INCIDENTALS | REGISTRATION | COST OF TRANS. | TYPE USED | TRANSPORTATION | | BUSINESS EXPENSE | TOTAL EXPENSES FOR DAY | |
| | | | Breakfast | Lunch | Dinner | | | | | CARFARE TOLLS PARKING | PRIVATE CAR USE MILES AMOUNT | | | |
| 4/14/10 | Camarillo, CA to LAX to Missoula, Montana | 74.37 | | | | N/A | \$0.00 | 274.32 | * | 22.00 | 0.00 | 175.00 | \$545.69 | |
| 4/15/10 | Missoula, Montana | 74.37 | | | | | | | | | 0.00 | | 74.37 | |
| 4/16/10 | Missoula, Montana | 74.35 | | | | | | | | | 0.00 | | 74.35 | |
| 4/17/10 | Missoula, Montana to LAX to Camarillo, CA | | | | | | | | | 25.14 | 0.00 | | 25.14 | |
| | | | | | | | | | | | 0.00 | | 0.00 | |
| | | | | | | | | | | | 0.00 | | 0.00 | |
| | | | | | | | | | | | 0.00 | | 0.00 | |
| SUBTOTAL | | \$223.09 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$274.32 | | \$47.14 | 0 | \$0.00 | \$175.00 | \$719.55 |

| | | | | | | | | | | | | | |
|--------------------------------------|-----------|--|--|--|--|--------|--|-------|--|--|--|---------------------|----------|
| LESS AMOUNT PREVIOUSLY PAID BY CSUCI | | | | | | 175.00 | | 47.14 | | | | | (222.14) |
| LESS ANY OTHER ADJUSTMENTS | Comments: | | | | | | | | | | | | |
| | | | | | | | | | | | | AMOUNT DUE TRAVELER | \$497.41 |

| Source of Funding: (Please verify chartfields before submitting to AP) | | | | | | | Amount |
|--|-------|------|---------|-------|---------|--|----------|
| Account | Fund | Dept | Program | Class | Protect | | |
| 606002 | TK910 | 735 | 90298 | | | | \$497.41 |
| *606803 | | | | | | | \$0.00 |

PURPOSE OF TRIP, REMARKS, AND DETAILS: Attach original receipts to 8.5" X 11" paper and submit with claim

IRA funded student travel. Presented at 24th National Conference on Undergraduate Research at the University of Montana, Missoula Montana. \$47.14 is Roadrunner Shuttle cost (direct bill). Reimbursement for flight and hotel. John shared a room with Matthew Lysak and split the cost of the hotel.

| | |
|--------------------------|---------------------------------------|
| TOTAL AMOUNT | \$497.41 |
| NORMAL WORK DAYS & HOURS | Student Traveller - IRA Fund |
| PRIVATE VEHICLE LICENSE | |
| MILEAGE RATE CLAIMED | 0.500 (if different see instructions) |

I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with the applicable California State University procedures and CSUCI procedures, and that all items shown were for the official business of The California State University. If a privately owned vehicle was used, and if mileage rate exceeds the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

| | | |
|---|---|------------------------|
| CLAIMANT'S PRINTED NAME JOHN JALANDONI | CLAIMANT'S SIGNATURE <i>John Jalandoni</i> | DATE 4/27/10 |
| MANAGER'S PRINTED NAME HARLEY BAPER | MANAGER'S SIGNATURE <i>Harley Baper</i> | DATE 4/27/10 |
| DIVISION APPROVAL PRINTED NAME (VP OR DESIGNEE)-if required | DIVISION APPROVAL SIGNATURE | DATE |



Rex Jalandoni <rexjal@gmail.com>

AllegiantAir.com - Itinerary #7122652

1 message

Allegiant Air <no-reply@allegiantair.com>

Fri, Mar 19, 2010 at 5:56 PM

Reply-To: no-reply@allegiantair.com

To: rexjal@gmail.com

CONFIRMATION #7122652

HERE IS A COPY OF YOUR ITINERARY. PLEASE USE THE CONFIRMATION NUMBER FOR 24-HOUR ADVANCE CHECK-IN.

1 Customer Information

Customer Name: JOHN REX JALANDONI Customer ID: 3920329 Book Date: 3/19/2010

2 Flight

| Leg | Date | Flight | Depart | Time | Arrive | Time |
|-----|-------------|--------|-----------------------|----------|-----------------------|----------|
| 1A | Wed, Apr 14 | 350 | LOS ANGELES, CA (LAX) | 01:15 pm | MISSOULA, MT (MSO) | 04:40 pm |
| 2A | Sat, Apr 17 | 351 | MISSOULA, MT (MSO) | 05:30 pm | LOS ANGELES, CA (LAX) | 07:00 pm |

| # Passengers | Seat Flight 350 | Seat Flight 351 | Checked Bags |
|-----------------------|-----------------|-----------------|--------------|
| 1 JALANDONI, JOHN REX | 16A | 18A | 1 |

3 Payment

| | |
|---------------------|--------------------|
| AIRFARE: | \$139.98 |
| SEGMENT FEES: | \$7.40 |
| PFC: | \$9.00 |
| 911 SECURITY: | \$5.00 |
| PREPAID BAGS: | \$40.00 |
| SEAT SELECTION FEE: | \$28.98 |
| PRIORITY BOARDING: | \$13.98 |
| CONVENIENCE FEE: | \$14.00 |
| TRIP FLEX: | \$15.98 |
| TOTAL: | \$274.32 |
| PAID: | (VI 5981) \$274.32 |
| BALANCE DUE: | \$0.00 |

Your reservation is complete.

Click here to claim your \$20.00 Cash Back Incentive on your next Allegiant Air reservation!



Click and claim your incentive from Webloyalty when you join their service. Terms and conditions apply.

Customers should check in 2 hours prior to departure. Customers need to be checked in no less than 45 minutes prior to scheduled departure which is when the Ticket Counter closes. All customers must be at the gate for boarding 30 minutes prior to scheduled departure to avoid forfeiting their reservation and all associated amenities. Aircraft doors will close at 10 minutes prior to scheduled departure to ensure an on-time departure.

Under the agreed to Terms and Conditions of purchase if you fail to check in for your scheduled flight you will be designated a NO SHOW and all fares for that segment will be forfeited.

Allegiant requires age verification for all passengers under the age of 18 who are traveling alone. Failure to provide proof of age will result in denied boarding.

Customers are limited to 1 carry-on bag, not to exceed 9" H x 14" W x 22" D, and 1 personal item such as a purse, briefcase, laptop computer, or diaper bag, not to exceed 9" H x 16" W x 19" D. The carry-on must be stored in the overhead bin near your assigned seat and the personal item must be placed under the seat in front of you. Customers with oversized carry-on baggage (exceeding 9" H x 14" W x 22" D) or with carry-on baggage in excess of quantity limits (1 + 1) will be charged additional fees at the gate.

CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS

a campus of the California State University • Bakersfield • Channel Islands • Chico • Dominguez Hills • Fresno • Fullerton • Hayward • Humboldt • Long Beach • Los Angeles
Maritime Academy • Monterey Bay • Northridge • Pomona • Sacramento • San Bernardino • San Diego • San Francisco • San Jose • San Luis Obispo • San Marcos • Sonoma • Stanislaus

RELEASE OF LIABILITY, WAIVER OF RIGHT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

Activity: 24th National Conference on Undergraduate Research

Activity Date(s) and Time(s): April 14-18, 2010

Activity Location/Facility: Missoula, Montana

In consideration for being allowed to participate in this Activity, I **release from liability and waive my right to sue** the State of California, the Trustees of the California State University, which own and operate California State University, Channel Islands and their employees, officers, volunteers and agents (collectively "University") from any and all claims, **including the University's negligence**, resulting in any physical injury, illness (including death) or economic loss that I may suffer because of my participation in this Activity, including any travel to and from the Activity.

I am voluntarily participating in this Activity. I understand that there are risks, such as physical and/or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability or even death, which may occur from my participation in this Activity. These injuries or outcomes may arise from my own or other's actions, inactions, negligence, or from the condition of the Activity location(s) or facility(ies). **Nonetheless, I assume all related risks, whether known or unknown to me, of my participation in this Activity, including travel to and from the Activity.**

I agree to **hold the University harmless from any and all claims, loss or damage to my personal property, liabilities and costs, including attorney's fees**, as a result of my participation in this Activity, including travel to and from the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University.



If I need medical treatment, the University is authorized to obtain medical treatment for me. I will be financially responsible for any costs of such treatment. I agree that I will not hold the University responsible for any claims resulting from any medical treatment. I am aware that the University does not provide health insurance for me and I should carry my own health insurance.

I am 18 years or older. I have read this document, and I am signing it freely. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) waiver of my right to sue the University, (c) and assumption of all risks of participating in this Activity, including travel to and from the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

Participant Name: John Javandari Date: 05/04/10

Signature: 


One University Drive
Camarillo, California 93012
Tel 805-437-8400
Fax 805-437-8424




<http://www.csuci.edu/ira/index.htm>

Application
Instructionally Related Activities Funds Request
2009-2010 Academic Year
DEADLINE: Fall and Academic Year 3/15/09
Spring 10/15/10

Applications must first be sent to the appropriate program chair. Chairs will then recommend and route them to the Dean's Office for review and authorization. The Dean's Office will then forward them to the IRA Committee for consideration.

Activity Title: Attend National Conference on Undergraduate Research (NCUR)

Project Sponsor/Staff (Name/Phone): **Dr. Kimmy Kee-Rose/805-437-3276**

Activity/Event Date(s): **April 14-18, 2010**

Date Funding Needed By: **March 1, 2010**

**Please Note that for Fall Requests the earliest that you will be notified of funding availability will be early June 2008 and for Spring Requests early January 2009.

Please check if any of the following apply to your IRA:

| | | |
|------------------------|--------------------------|--|
| Equipment Purchase | <input type="checkbox"/> | X Field Trip |
| Event | <input type="checkbox"/> | Participant data collection for public dissemination, i.e. interviews/surveys that result is a journal/poster session/newsletter |
| IT Requirements | <input type="checkbox"/> | Risk Management Consultation |
| International Travel | <input type="checkbox"/> | X Late Submission (Passed Deadlines: Fall 3/15, Spring 10/15) |
| Space/OPC Requirements | <input type="checkbox"/> | |
| Infrastructure/Remodel | <input type="checkbox"/> | |

X Other Attend national conference on undergraduate research (NCUR) to present results of empirical studies

Previously Funded: YES NO Yes, Request # _____

Does your proposal require IRB (Institutional Review Board) approval: Yes No

Assessment submitted for previously Funded Activity: YES NO

Academic Program or Center Name and Budget Code: **Psychology, Budget Code 735**

Date of Submission: **February 1, 2010**

Amount Requested:
 (Should match item 2. E. on page 4)

Application
Instructionally Related Activities Funds Request
2009-2010 Academic Year

Requirements and Signatures

Please provide the following in your application:

1. **Brief Activity Description.** Describe the activity and its relationship to the educational objectives of the students' program or major.

Funding is requested for 15 CSUCI undergraduate students in my ongoing Psychology courses (see #2) to present the findings of their empirical research at the 24th National Conference on Undergraduate Research (NCUR), hosted by University of Montana in Missoula from April 15 to 17, 2010. The NCUR is dedicated to promoting undergraduate research, scholarship, and creative activity in all fields of study. This annual gathering welcomes up scholars and their faculty mentors from all institutions of higher learning in the United States. The NCUR creates a unique environment for the celebration and promotion of undergraduate student achievement.

I only received a call for paper/poster abstract submissions to NCUR in November of 2009. On December 4th, 15 students from my courses submitted a total of 5 abstracts for a paper presentation. Last week (on January 22nd), we received good news from the NCUR Abstract Review Committee that all of our 5 abstracts were approved for presentation. In addition, we were informed that our abstracts were chosen from over 2600 submissions and that they displayed a unique contribution to our field of study. Therefore, we are now making this late request for funding.

One of the primary goals of the courses listed in #2 is for students to present and disseminate their research findings at regional and national scientific conferences. In the field of Psychology, the experience of presenting at such conferences would help to better prepare students and significantly enhance their ability to obtain competitive positions in graduate study programs across the fields of behavioral science. Hence, this opportunity is one that will not only deal with meeting the Psychology program learning outcomes as listed below, but will enhance their future careers as well:

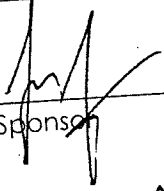
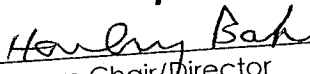
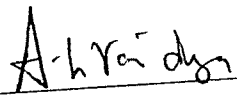
- Students should understand and be able to use major research methods in psychology (design, data analysis & interpretation).
- Students should have an understanding of applications of psychology to personal, social and organizational issues.
- Students should use and respect skeptical inquiry, critical thinking, and the scientific approach to understanding behavior.

5. **Sources of Activity Support.** Please list the other sources of funding, and additional support for the activity.

The current request has no other sources of funding. Each student will be paying for their own lodging, meals, and incidentals during the trip. These costs are not included in the requested budget.

7. **Acknowledgment.** Project Sponsor and Program Chair acknowledge that they have reviewed and accepted the Conditions and Considerations detailed on page 2.

Signatures and Dates

| | |
|---|------------|
|  | 02/01/2010 |
| Project Sponsor | Date |
|  | 02/01/2010 |
| Program Chair/Director | Date |
|  | 2/2/10 |
| Dean | |



TRAVEL EXPENSE CLAIM (TEC)

C.I.T # _____

Must be submitted within 30 days of the end of travel

Employee
 Applicant
 Volunteer
 Non-Employee
 Student (waiver on file)

| | | | | | |
|----------------------|------------------------|-----------------------------|---------------------|----------------------|--|
| TRAVELER'S NAME | | RESIDENCE ADDRESS | | CITY/STATE/ZIP CODE | |
| Allison O'leary | | 18238 Rancho Street | | Tarzana, CA 91356 | |
| HEADQUARTERS ADDRESS | | HEADQUARTERS CITY/STATE/ZIP | | TRAVELER'S PHONE NO. | |
| One University Drive | | Camarillo, CA 93012 | | 818-481-2556 | |
| DEPARTMENT | | POSITION | | DATE PREPARED | |
| Psychology | | Student | | 4/19/10 | |
| DEPARTURE DATE | DEPARTURE TIME (AM/PM) | RETURN DATE | RETURN TIME (AM/PM) | FORM PREPARED BY: | EXTENSION |
| 4/14/10 | 9:50AM | 4/17/10 | 9:00PM | Jerilee Petralba | 8835 |
| | | | | | DELIVERY OPTIONS |
| | | | | | SELECT ONE: <input checked="" type="checkbox"/> Mail Check <input type="checkbox"/> Pickup Check |

| SAME-DAY TRAVEL | | | | | | | | | | | | | |
|-----------------|-------------|---------|------------------|-------|--------|-------------|--------------|----------------|-----------|-----------------------|-----------------------|------------------|------------------------|
| DATE | DESTINATION | LODGING | MEALS (Taxable*) | | | INCIDENTALS | REGISTRATION | COST OF TRANS. | TYPE USED | TRANSPORTATION | | BUSINESS EXPENSE | TOTAL EXPENSES FOR DAY |
| | | | Breakfast | Lunch | Dinner | | | | | CARFARE TOLLS PARKING | PRIVATE CAR USE MILES | | |
| | | NA | | NA | | NA | | | | | 0.00 | | \$0.00 |

| OVERNIGHT TRAVEL | | | | | | | | | | | | | | |
|------------------|---|---------|-----------|--------|--------|-------------|--------------|----------------|-----------|-----------------------|-----------------------|------------------|------------------------|----------|
| DATE | DESTINATION | LODGING | MEALS | | | INCIDENTALS | REGISTRATION | COST OF TRANS. | TYPE USED | TRANSPORTATION | | BUSINESS EXPENSE | TOTAL EXPENSES FOR DAY | |
| | | | Breakfast | Lunch | Dinner | | | | | CARFARE TOLLS PARKING | PRIVATE CAR USE MILES | | | AMOUNT |
| 4/14/10 | Camarillo, CA to LAX to Missoula, Montana | | | | | N/A | | 341.34 | | 22.00 | 0.00 | 175.00 | \$538.34 | |
| 4/15/10 | Missoula, Montana | | | | | | | | | | 0.00 | | 0.00 | |
| 4/16/10 | Missoula, Montana | | | | | | | | | | 0.00 | | 0.00 | |
| 4/17/10 | Missoula, Montana to LAX to Camarillo, CA | | | | | | | | 25.14 | | 0.00 | | 25.14 | |
| | | | | | | | | | | | 0.00 | | 0.00 | |
| | | | | | | | | | | | 0.00 | | 0.00 | |
| | | | | | | | | | | | 0.00 | | 0.00 | |
| SUBTOTAL | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$341.34 | | \$47.14 | 0 | \$0.00 | \$175.00 | \$563.48 |

| | |
|--------------------------------------|----------|
| LESS AMOUNT PREVIOUSLY PAID BY CSUCI | 175.00 |
| LESS ANY OTHER ADJUSTMENTS | (222.14) |
| Comments: | |
| AMOUNT DUE TRAVELER \$341.34 | |

| Source of Funding: (Please verify chartfields before submitting to AP) | | | | | | |
|--|-------|------|---------|-------|---------|--------|
| Account | Fund | Dapt | Program | Class | Project | Amount |
| 606002 | TK910 | 735 | 90298 | | | |
| *606803 | | | | | | \$0.00 |

| | | | |
|--|--|---------------------------------------|----------------------|
| PURPOSE OF TRIP, REMARKS, AND DETAILS: Attach original receipts to 8.5" X 11" paper and submit with claim | | Total Amount | \$0.00 341.34 |
| IRA funded student travel. Presented at 24th National Conference on Undergraduate Research at the University of Montana, Missoula Montana. \$47.14 is Roadrunner Shuttle cost (direct bill). Reimbursement for flight. | | NORMAL WORK DAYS & HOURS | |
| | | Student Traveller - IRA Fund | |
| | | PRIVATE VEHICLE LICENSE | |
| | | MILEAGE RATE CLAIMED | |
| | | 0.500 (If different see instructions) | |

I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with the applicable California State University procedures and CSUCI procedures, and that all items shown were for the official business of The California State University. If a privately owned vehicle was used, and if mileage rate exceeds the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

| | | |
|---|--|-------------------------|
| CLAIMANT'S PRINTED NAME ALLISON O'LEARY | CLAIMANT'S SIGNATURE <i>Allison O'Leary</i> | DATE 04-30-10 |
| MANAGER'S PRINTED NAME | MANAGER'S SIGNATURE | DATE |
| DIVISION APPROVAL PRINTED NAME (VP OR DESIGNEE)-if required | DIVISION APPROVAL SIGNATURE | DATE |

AIR TRAVEL NOTIFICATION FORM

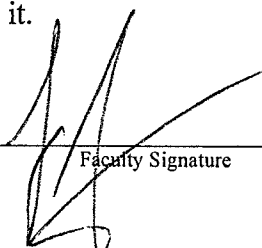
Dear Allison O'Leary,
(Student's Name)

You are currently participating in a California State University-affiliated program which requires air travel.

Air travel involves risks and could result in damage to property, injury to persons, and death. Please be informed that the California State University assumes no liability for damage, injury, and death which may occur during air travel required by the California State University-affiliate programs. Your participation in the program is voluntary, and you participate at your own risk.

Prior to undertaking CSU-affiliated air travel, you will be required to sign the below "Release and Hold-Harmless Statement." Please review the statement carefully before signing it.

Kimmy Kee-Rose, Ph.D.
Faculty Name (Please Print)


Faculty Signature

RELEASE AND HOLD-HARMLESS STATEMENT

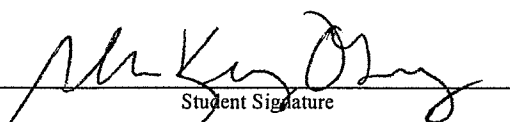
I, Allison O'Leary, am a student at California State University, Channel Islands, one of the campuses of the California State university (CSU).

I am/will be participating in a CSU-affiliated program which requires air travel. (CSU-affiliated program includes any program offered by, or pursuant to a program of, the California State University, any campus of the California State University, any student body organization, or any organization affiliated with any such organization or with any combination thereof.) My participation in this program is voluntary.

I have been informed, and I know, that 1) air travel involves risks which can result in damage to property, injury to persons, and death; and 2) the CSU assumes no liability for damage, injury, or death occurring on such travel. With this knowledge and information, I agree to participate in the program, and the air travel, at my own risk.

I release and hold harmless the state of California, the California State University, California State University, Channel Islands, and each and every officer, employee, volunteer and agent of each of them, from any and all claims and causes of action that I may have against any of these institutions or persons, by reason of any accident, illness, injury, death, or other consequences resulting directly or indirectly from or in any manner arising out of, or in connection with, my being a passenger on an airplane pursuant to my participation in the CSU-affiliated program.

This release and hold-harmless shall also be binding on my heirs, assigns, successors, and all other persons who may claim through me.

 Student Signature
Allison K. O'Leary Print Name
03-05-10 Date
18238 Rancho St. Street Address
Tarzana City
CA State
91356 Zip Code

If Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. I have read this two-page document, and I am signing it freely. **I understand the legal consequences of signing this document, including (a) release of University from all liability on my and the Participant's behalf, (b) waiver of my and the Participants' right to sue, (c) and assumption of all risks of the Participant's participation in this Activity, including travel to and from the Activity.** I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

Signature of Minor Participant's Parent/Guardian Date

Minor Participant's Name

One University Drive
Camarillo, California 93012
Tel 805-437-8400
Fax 805-437-8424

Estimated Number of Students Participating: 15 CSUCI Undergraduate Students

Application
Instructionally Related Activities Funds Request
2009-2010 Academic Year

Conditions and Considerations

Equipment Purchase-If requesting large equipment, Project Sponsor must show proof of correspondence with OPC Administration. In addition, all other purchases must follow Procurement Guidelines

Events-Attach copy of Events and Facilities Use Request Form (Public Folders-Events & Facilities folder) Consider time frame for set-up and take down.

Participant Data Collection for Public Dissemination-If Project Sponsor proposes to conduct research with human participants then it may be subject to IRB (Institutional Review Board for the Protection of Human Subjects) review. It is the Project Sponsor's responsibility to inquire with the IRB prior to IRA application submission to determine if the project is exempt from IRB review so that funding is not delayed. Please indicate on the cover page if your project is exempt from IRB review.

Field Trip-If approved, Identified Risks of Participation and Release Agreement must be submitted for each student to the Program Office (Public Folders-HR Forms).

IT Requirements-Requires proof of correspondence and approval from IT Administration

International Travel-Requires International Travel application be submitted to Center for International Affairs.

Risk Management Consultation-Requires proof of correspondence with Risk Management.

Space/OPC Requirements, Infrastructure/Remodel-Requires proof of correspondence with OPC Administration .

Late Submission (Deadlines: Fall 3/14, Spring 10/15)-Requires explanation for emergency funding.

Fiscal Management: Project Sponsor's program will be responsible for all costs incurred over and above what is funded through the IRA award and will be responsible for seeing that any revenue that is intended to offset the amount of the IRA award is transferred accordingly.

- Students should have an understanding of the complexity of cultural diversity.
- Students should be able to express themselves effectively in written and oral communication.

Finally, supporting students' original research and the dissemination of that research helps to meet the CSUCI institutionally-based learning outcomes.

2. **Relation to IRA to Course Offerings.** All IRAs must be integrally related to the formal instructional offerings of the University and must be associated with scheduled credit courses. Please list all classes that relate to the program proposed.

PSY 300 (Psychological Research and Statistical Methods and Lab I)
 PSY 301 (Psychological Research and Statistical Methods and Lab II)
 PSY 490 (Special Topics: Experimental Psychopathology I and II)
 PSY 494 (Independent Research in Psychology)
 PSY 497 (Directed Study in Psychology)

3. **Activity Assessment.** Describe the assessment process and measures that the program will use to determine if it has attained its educational goals. **Please note a report will be due at the end of the semester.**

For the courses listed in #2, students' final grade will be based upon their participation and performance on the various aspects of research activities including abstract submissions and conference presentations.

In addition, students will prepare and present their work at the Annual Psychology Poster Presentations in May 2010. Their papers/posters will be evaluated using a rubric designed to assess the degree to which Psychology program objectives have been met.

4. **Activity Budget.** Please enclose a complete detailed budget of the entire Activity **bold** specific items of requested IRA funding. (Page 4)

Estimated Cost of Trip for 15 Students:

| | |
|--|-------------|
| Roundtrip Airfare (15 students x \$315.00/person) | \$ 4,725.00 |
| Roundtrip Shuttle Transportation between Hotel and Airport (15 students x \$30.00/person) | \$ 450.00 |
| Conference Registration (15 students x \$175.00/person) | \$ 2,625.00 |
| *Hotel in Montana (8 rooms @\$160.00/room/night for 4 nights) | \$ 5,120.00 |
| *Meals (15 students x \$25.00/day/person for 5 days) | \$ 1,875.00 |

TOTAL AMOUNT ESTIMATED: \$14,795.00

TOTAL AMOUNT REQUESTED: \$ 7,800.00

**Students will pay for their own accommodations and meals.*

Application
Instructionally Related Activities Funds Request
2009-2010 Academic Year

ACTIVITY BUDGET FOR 2009-2010

1. Operating Expense Budget

| | |
|--------------------------------------|-------------------|
| A. Supplies | _____ |
| B. Vendor Printing | _____ |
| C. In-State Travel | <u>\$450.00</u> |
| D. Out-of-State Travel | <u>\$4,725.00</u> |
| E. Equipment Rental | _____ |
| F. Equipment Purchase | _____ |
| G. Contracts/Independent Contractors | _____ |
| H. Honorarium | _____ |
| I. OPC Chargeback | _____ |
| J. Copier Chargeback | _____ |
| K. Other (Conference Registration) | <u>\$2,625.00</u> |
| | |
| TOTAL Expenses | <u>\$7,800.00</u> |

2. Revenue

| | |
|--|-------------------|
| A. Course Fees | _____ |
| B. Ticket Sales | _____ |
| C. Out of Pocket Student Fees (exclusive of course fees) | _____ |
| D. Additional Sources of funding (Please specify And indicate source) | _____ |
| E. Requested Allocation from IRA | <u>\$7,800.00</u> |
| | |
| Total Revenue | <u>\$7,800.00</u> |



TRAVEL EXPENSE CLAIM (TEC)

C.I.T # _____

Must be submitted within 30 days of the end of travel

Employee
 Applicant
 Volunteer
 Non-Employee
 Student (waiver on file)

| | | | | | |
|--|----------------------------------|--|-------------------------------|--|--------------------------|
| TRAVELER'S NAME Dana Lockwood | | RESIDENCE ADDRESS 460 Paseo Camarillo Apt. 201 | | CITY/STATE/ZIP CODE Camarillo, CA 93010 | |
| HEADQUARTERS ADDRESS One University Drive | | HEADQUARTERS CITY/STATE/ZIP Camarillo, CA 93012 | | TRAVELER'S PHONE NO. (714) 271 2652 | DATE PREPARED 4/19/10 |
| DEPARTURE DATE 4/14/10 | DEPARTURE TIME (AM/PM) 9:50AM | RETURN DATE 4/17/10 | RETURN TIME (AM/PM) 9:00PM | DEPARTMENT Psychology | POSITION Student |
| FORM PREPARED BY: Jerilee Petralba | | | EXTENSION 8835 | DELIVERY OPTIONS SELECT ONE: <input type="checkbox"/> Mail Check <input checked="" type="checkbox"/> Pickup Check | |

| SAME-DAY TRAVEL | | | | | | | | | | | | | |
|-----------------|-------------|---------|-----------------|-------|--------|-------------|--------------|---------------|-----------|-----------------------|-----------------------|------------------|------------------------|
| DATE | DESTINATION | LODGING | MEALS (Taxable) | | | INCIDENTALS | REGISTRATION | COST OF TRANS | TYPE USED | TRANSPORTATION | | BUSINESS EXPENSE | TOTAL EXPENSES FOR DAY |
| | | | Breakfast | Lunch | Dinner | | | | | CARFARE TOLLS PARKING | PRIVATE CAR USE MILES | | |
| | | NA | | NA | | NA | | | | | 0.00 | | \$0.00 |

| OVERNIGHT TRAVEL | | | | | | | | | | | | | |
|------------------|---|---------|-----------|--------|--------|-------------|--------------|---------------|-----------|-----------------------|-----------------------|------------------|------------------------|
| DATE | DESTINATION | LODGING | MEALS | | | INCIDENTALS | REGISTRATION | COST OF TRANS | TYPE USED | TRANSPORTATION | | BUSINESS EXPENSE | TOTAL EXPENSES FOR DAY |
| | | | Breakfast | Lunch | Dinner | | | | | CARFARE TOLLS PARKING | PRIVATE CAR USE MILES | | |
| 4/14/10 | Camarillo, CA to LAX to Missoula, Montana | | | | | N/A | 311.36 | | 22.00 | | 0.00 | 175.00 | \$508.36 |
| 4/15/10 | Missoula, Montana | | | | | | | | | | 0.00 | | 0.00 |
| 4/16/10 | Missoula, Montana | | | | | | | | | | 0.00 | | 0.00 |
| 4/17/10 | Missoula, Montana to LAX to Camarillo, CA | | | | | | | | 25.14 | | 0.00 | | 25.14 |
| | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | 0.00 | | 0.00 |
| SUBTOTAL | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$311.36 | \$47.14 | 0 | \$0.00 | \$175.00 | \$533.50 |

LESS AMOUNT PREVIOUSLY PAID BY CSUCI

| | | | | | |
|----------|--------------|--------|-------|-------|----------|
| | | 175.00 | | 47.14 | |
| AIR FARE | REGISTRATION | | OTHER | | (222.14) |

LESS ANY OTHER ADJUSTMENTS

AMOUNT DUE TRAVELER \$311.36

Source of Funding: (Please verify chartfields before submitting to AP)

| Account | Fund | Dept | Program | Class | Project | Amount |
|---------|-------|------|---------|-------|---------|----------|
| 606002 | TK910 | 735 | 90298 | | | \$311.36 |
| *606803 | | | | | | \$0.00 |

PURPOSE OF TRIP, REMARKS, AND DETAILS: Attach original receipts to 8.5" X 11" paper and submit with claim

IRA funded student travel. Presented at 24th National Conference on Undergraduate Research at the University of Montana, Missoula Montana. \$47.14 is Roadrunner Shuttle cost (direct bill). Reimbursement for flight requested.

| | |
|--|------------------------------|
| | Total Amount \$311.36 |
|--|------------------------------|

NORMAL WORK DAYS & HOURS

Student Traveller - IRA Fund

PRIVATE VEHICLE LICENSE

MILEAGE RATE CLAIMED 0.500 (If different see instructions)

I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with the applicable California State University procedures and CSUCI procedures, and that all items shown were for the official business of The California State University. If a privately owned vehicle was used, and if mileage rate exceeds the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

| | | |
|--|---|------------------------|
| CLAIMANT'S PRINTED NAME Dana Lockwood | CLAIMANT'S SIGNATURE <i>[Signature]</i> | DATE 4/27/10 |
| MANAGER'S PRINTED NAME HARLEY BAICER | MANAGER'S SIGNATURE <i>[Signature]</i> | DATE 4/27/10 |
| DIVISION APPROVAL PRINTED NAME (VP OR DESIGNEE) if required ASHISH VAIDYA. | DIVISION APPROVAL SIGNATURE <i>[Signature]</i> | DATE 5/3/10 |

AIR TRAVEL NOTIFICATION FORM

Dear Dana Lockwood,
(Student's Name)

You are currently participating in a California State University-affiliated program which requires air travel.

Air travel involves risks and could result in damage to property, injury to persons, and death. Please be informed that the California State University assumes no liability for damage, injury, and death which may occur during air travel required by the California State University-affiliate programs. Your participation in the program is voluntary, and you participate at your own risk.

Prior to undertaking CSU-affiliated air travel, you will be required to sign the below "Release and Hold-Harmless Statement." Please review the statement carefully before signing it.

Kimmy Kee-Rose, Ph.D.
Faculty Name (Please Print)

[Signature]
Faculty Signature

RELEASE AND HOLD-HARMLESS STATEMENT

I, Dana Lockwood am a student at California State University, Channel Islands, one of the campuses of the California State university (CSU).

I am/will be participating in a CSU-affiliated program which requires air travel. (CSU-affiliated program includes any program offered by, or pursuant to a program of, the California State University, any campus of the California State University, any student body organization, or any organization affiliated with any such organization or with any combination thereof.) My participation in this program is voluntary.

I have been informed, and I know, that 1) air travel involves risks which can result in damage to property, injury to persons, and death; and 2) the CSU assumes no liability for damage, injury, or death occurring on such travel. With this knowledge and information, I agree to participate in the program, and the air travel, at my own risk.

I release and hold harmless the state of California, the California State University, California State University, Channel Islands, and each and every officer, employee, volunteer and agent of each of them, from any and all claims and causes of action that I may have against any of these institutions or persons, by reason of any accident, illness, injury, death, or other consequences resulting directly or indirectly from or in any manner arising out of, or in connection with, my being a passenger on an airplane pursuant to my participation in the CSU-affiliated program.

This release and hold-harmless shall also be binding on my heirs, assigns, successors, and all other persons who may claim through me.

[Signature] Student Signature Dana Lockwood Print Name 3/15/10 Date
460 Paseo Camarillo Apt 207 Street Address
Camarillo City CA State 93010 Zip Code

If Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. I have read this two-page document, and I am signing it freely. **I understand the legal consequences of signing this document, including (a) release of University from all liability on my and the Participant's behalf, (b) waiver of my and the Participants' right to sue, (c) and assumption of all risks of the Participant's participation in this Activity, including travel to and from the Activity.** I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

Signature of Minor Participant's Parent/Guardian Date

Minor Participant's Name

One University Drive
Camarillo, California 93012
Tel 805-437-8400
Fax 805-437-8424

Estimated Number of Students Participating: 15 CSUCI Undergraduate Students

Application
Instructionally Related Activities Funds Request
2009-2010 Academic Year

Conditions and Considerations

Equipment Purchase-If requesting large equipment, Project Sponsor must show proof of correspondence with OPC Administration. In addition, all other purchases must follow Procurement Guidelines

Events-Attach copy of Events and Facilities Use Request Form (Public Folders-Events & Facilities folder) Consider time frame for set-up and take down.

Participant Data Collection for Public Dissemination-If Project Sponsor proposes to conduct research with human participants then it may be subject to IRB (Institutional Review Board for the Protection of Human Subjects) review. It is the Project Sponsor's responsibility to inquire with the IRB **prior** to IRA application submission to determine if the project is exempt from IRB review so that funding is not delayed. Please indicate on the cover page if your project is exempt from IRB review.

Field Trip-If approved, Identified Risks of Participation and Release Agreement must be submitted for each student to the Program Office (Public Folders-HR Forms).

IT Requirements-Requires proof of correspondence and approval from IT Administration

International Travel-Requires International Travel application be submitted to Center for International Affairs.

Risk Management Consultation-Requires proof of correspondence with Risk Management.

Space/OPC Requirements, Infrastructure/Remodel-Requires proof of correspondence with OPC Administration .

Late Submission (Deadlines: Fall 3/14, Spring 10/15)-Requires explanation for emergency funding.

Fiscal Management: Project Sponsor's program will be responsible for all costs incurred over and above what is funded through the IRA award and will be responsible for seeing that any revenue that is intended to offset the amount of the IRA award is transferred accordingly.

- Students should have an understanding of the complexity of cultural diversity.
- Students should be able to express themselves effectively in written and oral communication.

Finally, supporting students' original research and the dissemination of that research helps to meet the CSUCI institutionally-based learning outcomes.

2. **Relation to IRA to Course Offerings.** All IRAs must be integrally related to the formal instructional offerings of the University and must be associated with scheduled credit courses. Please list all classes that relate to the program proposed.

PSY 300 (Psychological Research and Statistical Methods and Lab I)
 PSY 301 (Psychological Research and Statistical Methods and Lab II)
 PSY 490 (Special Topics: Experimental Psychopathology I and II)
 PSY 494 (Independent Research in Psychology)
 PSY 497 (Directed Study in Psychology)

3. **Activity Assessment.** Describe the assessment process and measures that the program will use to determine if it has attained its educational goals. **Please note a report will be due at the end of the semester.**

For the courses listed in #2, students' final grade will be based upon their participation and performance on the various aspects of research activities including abstract submissions and conference presentations.

In addition, students will prepare and present their work at the Annual Psychology Poster Presentations in May 2010. Their papers/posters will be evaluated using a rubric designed to assess the degree to which Psychology program objectives have been met.

4. **Activity Budget.** Please enclose a complete detailed budget of the entire Activity **bold** specific items of requested IRA funding. (Page 4)

Estimated Cost of Trip for 15 Students:

| | |
|--|-------------|
| Roundtrip Airfare (15 students x \$315.00/person) | \$ 4,725.00 |
| Roundtrip Shuttle Transportation between Hotel and Airport (15 students x \$30.00/person) | \$ 450.00 |
| Conference Registration (15 students x \$175.00/person) | \$ 2,625.00 |
| *Hotel in Montana (8 rooms @\$160.00/room/night for 4 nights) | \$ 5,120.00 |
| *Meals (15 students x \$25.00/day/person for 5 days) | \$ 1,875.00 |

TOTAL AMOUNT ESTIMATED: \$14,795.00
 TOTAL AMOUNT REQUESTED: \$ 7,800.00

**Students will pay for their own accommodations and meals.*

Application
Instructionally Related Activities Funds Request
2009-2010 Academic Year

ACTIVITY BUDGET FOR 2009-2010

1. Operating Expense Budget

| | |
|--------------------------------------|-------------------|
| A. Supplies | _____ |
| B. Vendor Printing | _____ |
| C. In-State Travel | <u>\$450.00</u> |
| D. Out-of-State Travel | <u>\$4,725.00</u> |
| E. Equipment Rental | _____ |
| F. Equipment Purchase | _____ |
| G. Contracts/Independent Contractors | _____ |
| H. Honorarium | _____ |
| I. OPC Chargeback | _____ |
| J. Copier Chargeback | _____ |
| K. Other (Conference Registration) | <u>\$2,625.00</u> |
| | |
| TOTAL Expenses | <u>\$7,800.00</u> |

2. Revenue

| | |
|--|-------------------|
| A. Course Fees | _____ |
| B. Ticket Sales | _____ |
| C. Out of Pocket Student Fees (exclusive of course fees) | _____ |
| D. Additional Sources of funding (Please specify And indicate source) | _____ |
| E. Requested Allocation from IRA | <u>\$7,800.00</u> |
| | |
| Total Revenue | <u>\$7,800.00</u> |



TRAVEL EXPENSE CLAIM (TEC)

Must be submitted within 30 days of the end of travel

C.I.T # _____

Employee
 Applicant
 Volunteer
 Non-Employee
 Student (waiver on file)

| | | | | | |
|--|----------------------------------|--|-------------------------------|--|--------------------------|
| TRAVELER'S NAME Jennifer McDonald | | RESIDENCE ADDRESS 103 Camino Ruiz #20 | | CITY/STATE/ZIP CODE Camarillo, CA 93012 | |
| HEADQUARTERS ADDRESS One University Drive | | HEADQUARTERS CITY/STATE/ZIP Camarillo, CA 93012 | | TRAVELER'S PHONE NO. | DEPARTMENT Psychology |
| DEPARTURE DATE 4/14/10 | DEPARTURE TIME (AM/PM) 9:50AM | RETURN DATE 4/17/10 | RETURN TIME (AM/PM) 9:00PM | FORM PREPARED BY Jerilee Petralba | EXTENSION 8835 |
| | | | | POSITION Student | |
| | | | | DATE PREPARED 4/19/10 | |
| DELIVERY OPTIONS SELECT ONE: <input type="checkbox"/> Mail Check <input checked="" type="checkbox"/> Pickup Check | | | | | |

| SAME-DAY TRAVEL | | | | | | | | | | | | | |
|-----------------|-------------|---------|------------------|-------|--------|-------------|--------------|----------------|-----------|-----------------------|-----------------------|------------------|------------------------|
| DATE | DESTINATION | LODGING | MEALS (Taxable*) | | | INCIDENTALS | REGISTRATION | COST OF TRANS. | TYPE USED | TRANSPORTATION | | BUSINESS EXPENSE | TOTAL EXPENSES FOR DAY |
| | | | Breakfast | Lunch | Dinner | | | | | CARFARE TOLLS PARKING | PRIVATE CAR USE MILES | | |
| | | NA | | NA | | NA | | | | | 0.00 | | \$0.00 |

| OVERNIGHT TRAVEL | | | | | | | | | | | | | | |
|------------------|---|---------|-----------|--------|--------|-------------|--------------|----------------|-----------|-----------------------|-----------------------|------------------|------------------------|----------|
| DATE | DESTINATION | LODGING | MEALS | | | INCIDENTALS | REGISTRATION | COST OF TRANS. | TYPE USED | TRANSPORTATION | | BUSINESS EXPENSE | TOTAL EXPENSES FOR DAY | |
| | | | Breakfast | Lunch | Dinner | | | | | CARFARE TOLLS PARKING | PRIVATE CAR USE MILES | | | AMOUNT |
| 4/14/10 | Camarillo, CA to LAX to Missoula, Montana | | | | | N/A | | 275.38 | A | 22.00 | 0.00 | 175.00 | \$472.38 | |
| 4/15/10 | Missoula, Montana | | | | | | | | | | 0.00 | | 0.00 | |
| 4/16/10 | Missoula, Montana | | | | | | | | | | 0.00 | | 0.00 | |
| 4/17/10 | Missoula, Montana to LAX to Camarillo, CA | | | | | | | | | 25.14 | 0.00 | | 25.14 | |
| | | | | | | | | | | | 0.00 | | 0.00 | |
| | | | | | | | | | | | 0.00 | | 0.00 | |
| | | | | | | | | | | | 0.00 | | 0.00 | |
| SUBTOTAL | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$275.38 | | \$47.14 | 0 | \$0.00 | \$175.00 | \$497.52 |

| | | | | | | | | | | | | | |
|--------------------------------------|-----------|--|--|--|--|--|--------|--|--|-------|--|----------|--|
| LESS AMOUNT PREVIOUSLY PAID BY CSUCI | | | | | | | 175.00 | | | 47.14 | | | |
| LESS ANY OTHER ADJUSTMENTS | Comments: | | | | | | | | | | | | |
| AMOUNT DUE TRAVELER | | | | | | | | | | | | \$275.38 | |

| Source of Funding: (Please verify chartfields before submitting to AP) | | | | | | | Amount |
|--|-------|------|---------|-------|---------|--|----------|
| Account | Fund | Dept | Program | Class | Project | | |
| 606002 | TK910 | 735 | 90298 | | | | \$275.38 |
| *606803 | | | | | | | \$0.00 |

| | | | | |
|--|--|---------------------------------------|--|----------|
| PURPOSE OF TRIP, REMARKS, AND DETAILS: Attach original receipts to 8.5" X 11" paper and submit with claim | | Total Amount | | \$275.38 |
| IRA funded student travel. Presented at 24th National Conference on Undergraduate Research at the University of Montana, Missoula Montana. \$47.14 is Roadrunner Shuttle cost (direct bill). Reimbursement for flight. | | NORMAL WORK DAYS & HOURS | | |
| | | Student Traveller - IRA Fund | | |
| | | PRIVATE VEHICLE LICENSE | | |
| | | MILEAGE RATE CLAIMED | | |
| | | 0.500 (if different see instructions) | | |

I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with the applicable California State University procedures and CSUCI procedures, and that all items shown were for the official business of The California State University. If a privately owned vehicle was used, and if mileage rate exceeds the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

| | | |
|---|--|-----------------------|
| CLAIMANT'S PRINTED NAME JENNIFER S. McDONALD | CLAIMANT'S SIGNATURE <i>Jennifer McDonald</i> | DATE 5/4/10 |
| MANAGER'S PRINTED NAME | MANAGER'S SIGNATURE | DATE |
| DIVISION APPROVAL PRINTED NAME (VP OR DESIGNEE) if required | DIVISION APPROVAL SIGNATURE | DATE |

PAYEE DATA RECORD

(Required in lieu of IRS W-9 when doing business with the State of California)

STD 204 (Rev. 2-2000)

Note: Governmental Entities, federal, state, and local (including school districts) are not required to submit this form.

SECTION 1 must be completed by the requesting state agency before forwarding to the payee

| | | |
|-------------------------------|--|--|
| 1 PLEASE RETURN TO: | DEPARTMENT/OFFICE CSU Channel Islands | PURPOSE: Information contained in this form will be used by state agencies to prepare Information Returns (Form 1099) and for withholding on payments to nonresident vendors. Prompt return of this fully completed form will prevent delays when processing payments. (See Privacy Statement on Page 2) |
| | STREET ADDRESS One University Drive | |
| | CITY, STATE, ZIP CODE Camarillo, CA 93012 | |
| | TELEPHONE NUMBER (805) 437-8400 | |

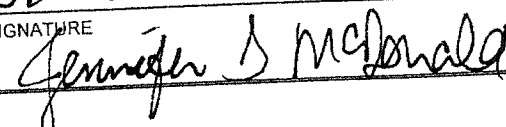
2 PAYEE'S BUSINESS NAME
JENNIFER McDONALD

MAILING ADDRESS (Number and Street or P.O. Box Number)
103 CAMINO RUIZ #20
(CITY, STATE, and ZIP CODE)
CAMARILLO, CA 93012

| | | |
|--------------------------------------|---|--|
| 3 PAYEE ENTITY INFORMATION | CHECK ONE BOX ONLY <input type="checkbox"/> LEGAL CORPORATION <input type="checkbox"/> MEDICAL CORPORATION <input type="checkbox"/> EXEMPT CORPORATION (Non-profit) <input type="checkbox"/> ALL OTHER CORPORATIONS FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN) - | NOTE: State and local governmental entities, including school districts are not required to submit this form. NOTE: Payment will not be processed without an accompanying taxpayer I.D. number. |
| | <input checked="" type="checkbox"/> INDIVIDUAL SOLE PROPRIETOR SOCIAL SECURITY NUMBER OWNER'S FULL NAME <u>6201-071-2519</u> <u>JENNIFER McDONALD</u> | |

| | | |
|------------------------------------|---|---|
| 4 PAYEE RESIDENCY STATUS | CHECK APPROPRIATE BOX(ES) <input checked="" type="checkbox"/> California Resident - Qualified to do business in CA or a permanent place of business in CA. <input type="checkbox"/> Nonresident (See Page 2). Payments for services by nonresidents may be subject to state withholding. <input type="checkbox"/> WAIVER OF STATE WITHHOLDING FROM FRANCHISE TAX BOARD ATTACHED <input type="checkbox"/> SERVICES PERFORMED OUTSIDE OF CALIFORNIA | NOTE: a. An estate is a resident if decedent was a California resident at time of death. b. A trust is a resident if at least one trustee is a California resident. (See Page 2) |
|------------------------------------|---|---|

5 I hereby certify under penalty of perjury that the information provided on this document is true and correct. If my residency status should change, I will promptly inform you.

| | | | |
|----------------------|--|-------------------------|---|
| CERTIFYING SIGNATURE | AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print) <u>JENNIFER McDONALD</u> | TITLE <u>STUDENT</u> | TELEPHONE NUMBER <u>805-437-6102</u> |
| | SIGNATURE  | DATE <u>5/4/10</u> | |

CONFIRMATION #7212413

HERE IS A COPY OF YOUR ITINERARY. PLEASE USE THE CONFIRMATION NUMBER FOR 24-HOUR ADVANCE CHECK-IN.

1 Customer Information
Customer Name: JENNIFER MCDONALD **Customer ID:** 3958267 **Book Date:** 4/2/2010
2 Flight

| Leg | Date | Flight | Depart | Time | Arrive | Time |
|-----|-------------|--------|----------------------|----------|----------------------|----------|
| 1A | Wed, Apr 14 | 350 | LOS ANGELES,CA (LAX) | 01:15 pm | MISSOULA,MT (MSO) | 04:40 pm |
| 2A | Sat, Apr 17 | 351 | MISSOULA,MT (MSO) | 05:30 pm | LOS ANGELES,CA (LAX) | 07:00 pm |

| # Passengers | Seat Flight 350 | Seat Flight 351 | Checked Bags |
|----------------------|-----------------|-----------------|--------------|
| 1 MCDONALD, JENNIFER | Unassigned | Unassigned | 0 |

3 Payment

| | |
|------------------|----------|
| AIRFARE: | \$239.98 |
| SEGMENT FEES: | \$7.40 |
| PFC: | \$9.00 |
| 911 SECURITY: | \$5.00 |
| CONVENIENCE FEE: | \$14.00 |

TOTAL: \$275.38

PAID: (VI 0644) \$275.38

BALANCE DUE: \$0.00

Your reservation is complete.
[Click here to claim your \\$20.00 Cash Back Incentive on your next Allegiant Air reservation!](#)
Continue

Click and claim your incentive from Webloyalty when you join their service. Terms and conditions apply.

Customers should check in 2 hours prior to departure. Customers need to be checked in no less than 45 minutes prior to scheduled departure which is when the Ticket Counter closes. All customers must be at the gate for boarding 30 minutes prior to scheduled departure to avoid forfeiting their reservation and all associated amenities. Aircraft doors will close at 10 minutes prior to scheduled departure to ensure an on-time departure.

Under the agreed to Terms and Conditions of purchase if you fail to check in for your scheduled flight you will be designated a NO SHOW and all fares for that segment will be forfeited.

Allegiant requires age verification for all passengers under the age of 18 who are traveling alone. Failure to provide proof of age will

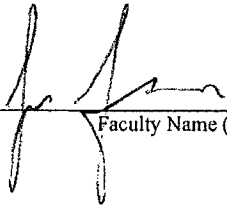
AIR TRAVEL NOTIFICATION FORM

Dear JENNIFER McDONALD
(Student's Name)

You are currently participating in a California State University-affiliated program which requires air travel.

Air travel involves risks and could result in damage to property, injury to persons, and death. Please be informed that the California State University assumes no liability for damage, injury, and death which may occur during air travel required by the California State University-affiliate programs. Your participation in the program is voluntary, and you participate at your own risk.

Prior to undertaking CSU-affiliated air travel, you will be required to sign the below "Release and Hold-Harmless Statement." Please review the statement carefully before signing it.



Faculty Name (Please Print)

KIMMY LEE-ROSE, Ph.D.

Faculty Signature

RELEASE AND HOLD-HARMLESS STATEMENT

I, JENNIFER McDONALD, am a student at California State University, Channel Islands, one of the campuses of the California State university (CSU).

I am/will be participating in a CSU-affiliated program which requires air travel. (CSU-affiliated program includes any program offered by, or pursuant to a program of, the California State University, any campus of the California State University, any student body organization, or any organization affiliated with any such organization or with any combination thereof.) My participation in this program is voluntary.

I have been informed, and I know, that 1) air travel involves risks which can result in damage to property, injury to persons, and death; and 2) the CSU assumes no liability for damage, injury, or death occurring on such travel. With this knowledge and information, I agree to participate in the program, and the air travel, at my own risk.

I release and hold harmless the state of California, the California State University, California State University, Channel Islands, and each and every officer, employee, volunteer and agent of each of them, from any and all claims and causes of action that I may have against any of these institutions or persons, by reason of any accident, illness, injury, death, or other consequences resulting directly or indirectly from or in any manner arising out of, or in connection with, my being a passenger on an airplane pursuant to my participation in the CSU-affiliated program.

This release and hold-harmless shall also be binding on my heirs, assigns, successors, and all other persons who may claim through me.

Jennifer S. McDonald
Student Signature

JENNIFER S. McDONALD
Print Name

3/5/10
Date

130 ASH AVE #8

Street Address

CARPINTERIA

City

CA

State

93013

Zip Code

CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS

a campus of the California State University • Bakersfield • Channel Islands • Chico • Dominguez Hills • Fresno • Fullerton • Hayward • Humboldt • Long Beach • Los Angeles
Maritime Academy • Monterey Bay • Northridge • Pomona • Sacramento • San Bernardino • San Diego • San Francisco • San Jose • San Luis Obispo • San Marcos • Sonoma • Stanislaus

**RELEASE OF LIABILITY, WAIVER OF RIGHT TO SUE, ASSUMPTION OF RISK AND
AGREEMENT TO PAY CLAIMS**

Activity: 24th National Conference on Undergraduate Research

Activity Date(s) and Time(s): April 14-18, 2010

Activity Location/Facility: Missoula, Montana

In consideration for being allowed to participate in this Activity, I **release from liability and waive my right to sue** the State of California, the Trustees of the California State University, which own and operate California State University, Channel Islands and their employees, officers, volunteers and agents (collectively "University") from any and all claims, **including the University's negligence**, resulting in any physical injury, illness (including death) or economic loss that I may suffer because of my participation in this Activity, including any travel to and from the Activity.

I am voluntarily participating in this Activity. I understand that there are risks, such as physical and/or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability or even death, which may occur from my participation in this Activity. These injuries or outcomes may arise from my own or other's actions, inactions, negligence, or from the condition of the Activity location(s) or facility(ies). **Nonetheless, I assume all related risks, whether known or unknown to me, of my participation in this Activity, including travel to and from the Activity.**

I agree to **hold** the University **harmless from any and all claims, loss or damage to my personal property, liabilities and costs, including attorney's fees**, as a result of my participation in this Activity, including travel to and from the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University.

If I need medical treatment, the University is authorized to obtain medical treatment for me. I will be financially responsible for any costs of such treatment. I agree that I will not hold the University responsible for any claims resulting from any medical treatment. I am aware that the University does not provide health insurance for me and I should carry my own health insurance.

I am 18 years or older. I have read this document, and I am signing it freely. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) waiver of my right to sue the University, (c) and assumption of all risks of participating in this Activity, including travel to and from the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

Participant Name: JENNIFER McDONALD Date: 3/5/10

Signature: Jennifer S. McDonald

One University Drive
Camarillo, California 93012
Tel 805-437-8400
Fax 805-437-8424

If Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. I have read this two-page document, and I am signing it freely. **I understand the legal consequences of signing this document, including (a) release of University from all liability on my and the Participant's behalf, (b) waiver of my and the Participants' right to sue, (c) and assumption of all risks of the Participant's participation in this Activity, including travel to and from the Activity.** I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

Signature of Minor Participant's Parent/Guardian Date

Minor Participant's Name

One University Drive
Camarillo, California 93012
Tel 805-437-8400
Fax 805-437-8424



<http://www.csuci.edu/ira/index.htm>

Application
Instructionally Related Activities Funds Request
2009-2010 Academic Year
DEADLINE: Fall and Academic Year 3/15/09
Spring 10/15/10

Applications must first be sent to the appropriate program chair. Chairs will the recommend and route them to the Dean's Office for review and authorization. The Dean's Office will then forward them to the IRA Committee for consideration.

Activity Title: Attend National Conference on Undergraduate Research (NCUR)

Project Sponsor/Staff (Name/Phone): **Dr. Kimmy Kee-Rose/805-437-3276**

Activity/Event Date(s): **April 14-18, 2010**

Date Funding Needed By: **March 1, 2010**

**Please Note that for Fall Requests the earliest that you will be notified of funding availability will be early June 2008 and for Spring Requests early January 2009.

Please check if any of the following apply to your IRA:

- | | |
|------------------------|--|
| Equipment Purchase | <input checked="" type="checkbox"/> Field Trip |
| Event | Participant data collection for public dissemination, i.e. interviews/surveys that result is a journal/poster session/newsletter |
| IT Requirements | Risk Management Consultation |
| International Travel | <input checked="" type="checkbox"/> Late Submission (Passed Deadlines: Fall 3/15, Spring 10/15) |
| Space/OPC Requirements | |
| Infrastructure/Remodel | |
- Other Attend national conference on undergraduate research (NCUR) to present results of empirical studies

Previously Funded: YES NO Yes, Request # _____

Does your proposal require IRB (Institutional Review Board) approval: Yes No

Assessment submitted for previously Funded Activity: YES NO

Academic Program or Center Name and Budget Code: **Psychology, Budget Code 735**

Date of Submission: **February 1, 2010**

Amount Requested:
 (Should match item 2. E. on page 4)

Estimated Number of Students Participating: **15 CSUCI Undergraduate Students**

Application
Instructionally Related Activities Funds Request
2009-2010 Academic Year

Conditions and Considerations

Equipment Purchase-If requesting large equipment, Project Sponsor must show proof of correspondence with OPC Administration. In addition, all other purchases must follow Procurement Guidelines

Events-Attach copy of Events and Facilities Use Request Form (Public Folders-Events & Facilities folder) Consider time frame for set-up and take down.

Participant Data Collection for Public Dissemination-If Project Sponsor proposes to conduct research with human participants then it may be subject to IRB (Institutional Review Board for the Protection of Human Subjects) review. It is the Project Sponsor's responsibility to inquire with the IRB **prior** to IRA application submission to determine if the project is exempt from IRB review so that funding is not delayed. Please indicate on the cover page if your project is exempt from IRB review.

Field Trip-If approved, Identified Risks of Participation and Release Agreement must be submitted for each student to the Program Office (Public Folders-HR Forms).

IT Requirements-Requires proof of correspondence and approval from IT Administration

International Travel-Requires International Travel application be submitted to Center for International Affairs.

Risk Management Consultation-Requires proof of correspondence with Risk Management.

Space/OPC Requirements, Infrastructure/Remodel-Requires proof of correspondence with OPC Administration .

Late Submission (Deadlines: Fall 3/14, Spring 10/15)-Requires explanation for emergency funding.

Fiscal Management: Project Sponsor's program will be responsible for all costs incurred over and above what is funded through the IRA award and will be responsible for seeing that any revenue that is intended to offset the amount of the IRA award is transferred accordingly.

Application
Instructionally Related Activities Funds Request
2009-2010 Academic Year

Requirements and Signatures

Please provide the following in your application:

1. **Brief Activity Description.** Describe the activity and its relationship to the educational objectives of the students' program or major.

Funding is requested for 15 CSUCI undergraduate students in my ongoing Psychology courses (see #2) to present the findings of their empirical research at the 24th National Conference on Undergraduate Research (NCUR), hosted by University of Montana in Missoula from April 15 to 17, 2010. The NCUR is dedicated to promoting undergraduate research, scholarship, and creative activity in all fields of study. This annual gathering welcomes up scholars and their faculty mentors from all institutions of higher learning in the United States. The NCUR creates a unique environment for the celebration and promotion of undergraduate student achievement.

I only received a call for paper/poster abstract submissions to NCUR in November of 2009. On December 4th, 15 students from my courses submitted a total of 5 abstracts for a paper presentation. Last week (on January 22nd), we received good news from the NCUR Abstract Review Committee that all of our 5 abstracts were approved for presentation. In addition, we were informed that our abstracts were chosen from over 2600 submissions and that they displayed a unique contribution to our field of study. Therefore, we are now making this late request for funding.

One of the primary goals of the courses listed in #2 is for students to present and disseminate their research findings at regional and national scientific conferences. In the field of Psychology, the experience of presenting at such conferences would help to better prepare students and significantly enhance their ability to obtain competitive positions in graduate study programs across the fields of behavioral science. Hence, this opportunity is one that will not only deal with meeting the Psychology program learning outcomes as listed below, but will enhance their future careers as well:

- Students should understand and be able to use major research methods in psychology (design, data analysis & interpretation).
- Students should have an understanding of applications of psychology to personal, social and organizational issues.
- Students should use and respect skeptical inquiry, critical thinking, and the scientific approach to understanding behavior.

- Students should have an understanding of the complexity of cultural diversity.
- Students should be able to express themselves effectively in written and oral communication.

Finally, supporting students' original research and the dissemination of that research helps to meet the CSUCI institutionally-based learning outcomes.

2. **Relation to IRA to Course Offerings.** All IRAs must be integrally related to the formal instructional offerings of the University and must be associated with scheduled credit courses. Please list all classes that relate to the program proposed.

PSY 300 (Psychological Research and Statistical Methods and Lab I)
 PSY 301 (Psychological Research and Statistical Methods and Lab II)
 PSY 490 (Special Topics: Experimental Psychopathology I and II)
 PSY 494 (Independent Research in Psychology)
 PSY 497 (Directed Study in Psychology)

3. **Activity Assessment.** Describe the assessment process and measures that the program will use to determine if it has attained its educational goals. **Please note a report will be due at the end of the semester.**

For the courses listed in #2, students' final grade will be based upon their participation and performance on the various aspects of research activities including abstract submissions and conference presentations.

In addition, students will prepare and present their work at the Annual Psychology Poster Presentations in May 2010. Their papers/posters will be evaluated using a rubric designed to assess the degree to which Psychology program objectives have been met.

4. **Activity Budget.** Please enclose a complete detailed budget of the entire Activity **bold** specific items of requested IRA funding. (Page 4)

Estimated Cost of Trip for 15 Students:

| | |
|--|-------------|
| Roundtrip Airfare (15 students x \$315.00/person) | \$ 4,725.00 |
| Roundtrip Shuttle Transportation between Hotel and Airport (15 students x \$30.00/person) | \$ 450.00 |
| Conference Registration (15 students x \$175.00/person) | \$ 2,625.00 |
| *Hotel in Montana (8 rooms @\$160.00/room/night for 4 nights) | \$ 5,120.00 |
| *Meals (15 students x \$25.00/day/person for 5 days) | \$ 1,875.00 |

TOTAL AMOUNT ESTIMATED: \$14,795.00
 TOTAL AMOUNT REQUESTED: \$ 7,800.00

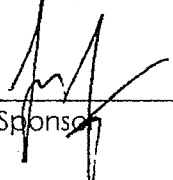
**Students will pay for their own accommodations and meals.*

5. **Sources of Activity Support.** Please list the other sources of funding, and additional support for the activity.

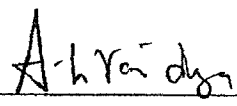
The current request has no other sources of funding. Each student will be paying for their own lodging, meals, and incidentals during the trip. *These costs are not included in the requested budget.*

7. **Acknowledgment.** Project Sponsor and Program Chair acknowledge that they have reviewed and accepted the Conditions and Considerations detailed on page 2.

Signatures and Dates


Project Sponsor _____ Date 02/01/2010


Program Chair/Director _____ Date 02/01/2010


Dean _____ Date 2/2/10

Application
Instructionally Related Activities Funds Request
2009-2010 Academic Year

ACTIVITY BUDGET FOR 2009-2010

1. Operating Expense Budget

| | |
|--------------------------------------|-----------------------|
| A. Supplies | _____ |
| B. Vendor Printing | _____ |
| C. In-State Travel | <u>\$450.00</u> |
| D. Out-of-State Travel | <u>\$4,725.00</u> |
| E. Equipment Rental | _____ |
| F. Equipment Purchase | _____ |
| G. Contracts/Independent Contractors | _____ |
| H. Honorarium | _____ |
| I. OPC Chargeback | _____ |
| J. Copier Chargeback | _____ |
| K. Other (Conference Registration) | <u>\$2,625.00</u> |
| TOTAL Expenses | <u>\$7,800.00</u> |

2. Revenue

| | |
|--|--------------------------|
| A. Course Fees | _____ |
| B. Ticket Sales | _____ |
| C. Out of Pocket Student Fees (exclusive of course fees) | _____ |
| D. Additional Sources of funding (Please specify And indicate source) | _____ |
| E. Requested Allocation from IRA | <u>\$7,800.00</u> |
| Total Revenue | <u>\$7,800.00</u> |



TRAVEL EXPENSE CLAIM (TEC)

C.I.T.# _____

Must be submitted within 30 days of the end of travel

Employee
 Applicant
 Volunteer
 Non-Employee
 Student (waiver on file)

| | | | | | |
|--|----------------------------------|--|--|--|--------------------------|
| TRAVELER'S NAME Matthew Lysak | | RESIDENCE ADDRESS 2042 Jose Avenue | | CITY/STATE/ZIP CODE Camarillo, CA 93010 | |
| HEADQUARTERS ADDRESS One University Drive | | HEADQUARTERS CITY/STATE/ZIP Camarillo, CA 93012 | TRAVELER'S PHONE NO. (805) 822-4850 | DEPARTMENT Psychology | POSITION Student |
| DEPARTURE DATE 4/14/10 | DEPARTURE TIME (AM/PM) 9:50AM | RETURN DATE 4/17/10 | RETURN TIME (AM/PM) 9:00PM | FORM PREPARED BY: Jerilee Petralba | EXTENSION 8835 |
| | | | | | DATE PREPARED 4/19/10 |
| DELIVERY OPTIONS SELECT ONE: <input checked="" type="checkbox"/> Mail Check <input type="checkbox"/> Pickup Check | | | | | |

| SAME-DAY TRAVEL | | | | | | | | | | | | | |
|-----------------|-------------|---------|------------------|-------|--------|-------------|--------------|----------------|-----------|-----------------------|-----------------------|------------------|------------------------|
| DATE | DESTINATION | LODGING | MEALS (Taxable*) | | | INCIDENTALS | REGISTRATION | COST OF TRANS. | TYPE USED | TRANSPORTATION | | BUSINESS EXPENSE | TOTAL EXPENSES FOR DAY |
| | | | Breakfast | Lunch | Dinner | | | | | CARFARE TOLLS PARKING | PRIVATE CAR USE MILES | | |
| | | NA | | NA | | NA | | | | | 0.00 | | \$0.00 |

| OVERNIGHT TRAVEL | | | | | | | | | | | | | | |
|--------------------------------------|---|----------|-----------|--------|--------|-------------|--------------|----------------|-----------|-----------------------|-----------------------|---------------------|------------------------|----------|
| DATE | DESTINATION | LODGING | MEALS | | | INCIDENTALS | REGISTRATION | COST OF TRANS. | TYPE USED | TRANSPORTATION | | BUSINESS EXPENSE | TOTAL EXPENSES FOR DAY | |
| | | | Breakfast | Lunch | Dinner | | | | | CARFARE TOLLS PARKING | PRIVATE CAR USE MILES | | | |
| 4/14/10 | Camarillo, CA to LAX to Missoula, Montana | 74.37 | | | | N/A | | 275.32 | A | 22.00 | | 0.00 | 175.00 | \$546.69 |
| 4/15/10 | Missoula, Montana | 74.37 | | | | | | | | | | 0.00 | | 74.37 |
| 4/16/10 | Missoula, Montana | 74.36 | | | | | | | | | | 0.00 | | 74.36 |
| 4/17/10 | Missoula, Montana to LAX to Camarillo, CA | | | | | | | | | 25.14 | | 0.00 | | 25.14 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| SUBTOTAL | | \$223.10 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$275.32 | | \$47.14 | 0 | \$0.00 | \$175.00 | \$720.56 |
| LESS AMOUNT PREVIOUSLY PAID BY CSUCI | | | | | | | 175.00 | | | 47.14 | | | | |
| LESS ANY OTHER ADJUSTMENTS | | | | | | | | | | | | | | (222.14) |
| Comments: | | | | | | | | | | | | AMOUNT DUE TRAVELER | \$498.42 | |

| Account | Fund | Dept | Program | Class | Project | Amount |
|---------|-------|------|---------|-------|---------|----------|
| 606002 | TK910 | 735 | 90298 | | | \$498.42 |
| *606803 | | | | | | \$0.00 |

PURPOSE OF TRIP, REMARKS, AND DETAILS: Attach original receipts to 8.5" X 11" paper and submit with claim

IRA funded student travel. Presented at 24th National Conference on Undergraduate Research at the University of Montana, Missoula Montana. \$47.14 is Roadrunner Shuttle cost (direct bill). Reimbursement for flight and hotel. Matthew shared a room with John Jalandoni and split the cost of the hotel.

Normal Work Days & Hours: Student Traveller - IRA Fund

Private Vehicle License: _____

Mileage Rate Claimed: 0.500 (If different see instructions)

I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with the applicable California State University procedures and CSUCI procedures, and that all items shown were for the official business of The California State University. If a privately owned vehicle was used, and if mileage rate exceeds the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

| | | |
|---|--|-------------------|
| CLAIMANT'S PRINTED NAME MATTHEW KIERAN LYSAK | CLAIMANT'S SIGNATURE <i>Matthew Lysak</i> | DATE 4-27-2010 |
| MANAGER'S PRINTED NAME HARLEY BAKER | MANAGER'S SIGNATURE <i>Harley Baker</i> | DATE 4/27/10 |
| DIVISION APPROVAL PRINTED NAME (VP OR DESIGNEE), if required ASHISHI VAIDYA | DIVISION APPROVAL SIGNATURE <i>Ashishi Vaidya</i> | DATE 5/3/10 |

Holiday Inn EXPRESS[®] HOTEL & SUITES

104

04-17-10

| | | |
|------------------------|----------------------------|-----------------------------|
| Stephanie Serna | Folio No. : 55219 | Room No. : 108 |
| | A/R Number : | Arrival : 04-14-10 |
| US | Group Code : NUC | Departure : 04-17-10 |
| | Company : Cal State | Conf. No. : 62244871 |
| | Membership No. : | Rate Code : |
| | Invoice No. : | Page No. : 1 of 1 |

| Date | Description | Charges | Credits |
|----------------|-------------------------------|---------------|---------------|
| 04-14-10 | *Accommodation | 139.00 | |
| 04-14-10 | Lodging Tax | 9.73 | |
| 04-15-10 | *Accommodation | 139.00 | |
| 04-15-10 | Lodging Tax | 9.73 | |
| 04-16-10 | *Accommodation | 139.00 | |
| 04-16-10 | Lodging Tax | 9.73 | |
| 04-17-10 | MasterCard | | 223.10 |
| | XXXXXXXXXXXX7847 (LYSAK) | | 223.09 |
| 04-17-10 | Visa | | |
| | XXXXXXXXXXXX5981 (ALANDON) | | |
| Total | | 446.19 | 446.19 |
| Balance | | 0.00 | |

Guest Signature: _____
 I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Sign Off

New e-bills Locations Mail Help En Español

Accounts Bill Pay Transfers Investments Customer Service

Enter keywords

Accounts Overview Account Details My Portfolio Alerts Open an Account

MATTHEW LYSAK - Personal Accounts

Last sign in: 4/5/2010 at 07:01 p.m. ET

Protect your accounts and information, visit the Security Center

I want to...

- Get the latest information about Online Banking Issue updates
Service my card
Change my card address
Stop receiving paper statements
Request a balance transfer
Protect my card with ShopSafe
Manage my card alerts

Announcements

- Security award winner 5 years running.
Now more bill payment history available online.
Google Chrome internet browser is now supported by Online Banking.

Bank Accounts

Table with columns: Account, Balance. Row: Automobile Club of Southern California MasterCard - 7847, \$502.34

My Portfolio

You can view and manage all your accounts - even those from other banks and financial institutions - in one place with My Portfolio.

Banc of America Online Investing, Powered by Merrill Lynch

A simple way to save for retirement or invest online with trades as low as \$0.

Retirement is getting closer. Isn't it time you learned the basics of retirement investing? We can help

Time to start investing, again? Banc of America Online Investing, Powered by Merrill Lynch, offers online equity trades as low as \$0.

Special Offers & New Accounts

Add It Up

NEW Earn up to 20% cash back on your online purchases, on top of retailer's discounts and credit or debit card rewards.

View your Special Offers

Request a balance transfer.

Research your money matters

Find the best ways to achieve your financial goals.

Customer Service

Account Services

- Add or change account nicknames
Order foreign currency
View/print statements

More Information

- Online Banking guarantee
Online Banking service agreement
Browser information

Your Profile

- Update street address and/or phone number
Update email address
Change SiteKey
Change SiteKey challenge questions and answers
Manage alerts
Set language preferences

Communication Center

- Mail
Alerts
eBills (New)
Help Center
Help
Locations
Contact us
Send us a message



a. For Checking, Savings, Money Market, and the checking portion of Money Manager and Master Relationship accounts, the balance may reflect transactions that have not yet posted to your account.

Secure Area

Accounts • Bill Pay • Transfers • Investments • Customer Service
Privacy & Security • Locations • Alerts • Mail • Help • Site Map • Sign Off

Bank of America, N.A. Member FDIC. Equal Housing Lender
© 2010 Bank of America Corporation. All rights reserved.

Investment and insurance products:

Table with 3 columns: Are Not FDIC Insured, Are Not Bank Guaranteed, May Lose Value

CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS

a campus of the California State University • Bakersfield • Channel Islands • Chico • Dominguez Hills • Fresno • Fullerton • Hayward • Humboldt • Long Beach • Los Angeles
Maritime Academy • Monterey Bay • Northridge • Pomona • Sacramento • San Bernardino • San Diego • San Francisco • San Jose • San Luis Obispo • San Marcos • Sonoma • Stanislaus

**RELEASE OF LIABILITY, WAIVER OF RIGHT TO SUE, ASSUMPTION OF RISK AND
AGREEMENT TO PAY CLAIMS**

Activity: 24th National Conference on Undergraduate Research

Activity Date(s) and Time(s): April 14-18, 2010

Activity Location/Facility: Missoula, Montana

In consideration for being allowed to participate in this Activity, I **release from liability and waive my right to sue** the State of California, the Trustees of the California State University, which own and operate California State University, Channel Islands and their employees, officers, volunteers and agents (collectively "University") from any and all claims, **including the University's negligence**, resulting in any physical injury, illness (including death) or economic loss that I may suffer because of my participation in this Activity, including any travel to and from the Activity.

I am voluntarily participating in this Activity. I understand that there are risks, such as physical and/or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability or even death, which may occur from my participation in this Activity. These injuries or outcomes may arise from my own or other's actions, inactions, negligence, or from the condition of the Activity location(s) or facility(ies). **Nonetheless, I assume all related risks, whether known or unknown to me, of my participation in this Activity, including travel to and from the Activity.**

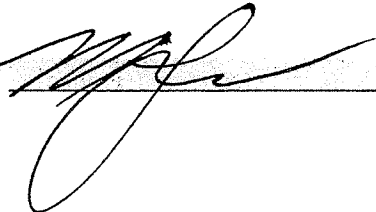
I agree to **hold** the University **harmless from any and all claims, loss or damage to my personal property, liabilities and costs, including attorney's fees**, as a result of my participation in this Activity, including travel to and from the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University.

If I need medical treatment, the University is authorized to obtain medical treatment for me. I will be financially responsible for any costs of such treatment. I agree that I will not hold the University responsible for any claims resulting from any medical treatment. I am aware that the University does not provide health insurance for me and I should carry my own health insurance.

I am 18 years or older. I have read this document, and I am signing it freely. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) waiver of my right to sue the University, (c) and assumption of all risks of participating in this Activity, including travel to and from the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

Participant Name: Matthew Lysak Date: 3-5-10

Signature: 

One University Drive
Camarillo, California 93012
Tel 805-437-8400
Fax 805-437-8424



<http://www.csuci.edu/ira/index.htm>

Application
Instructionally Related Activities Funds Request
2009-2010 Academic Year
DEADLINE: Fall and Academic Year 3/15/09
Spring 10/15/10

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Activity Title: Attend National Conference on Undergraduate Research (NCUR)
Project Sponsor/Staff (Name/Phone): **Dr. Kimmy Kee-Rose/805-437-3276**
Activity/Event Date(s): **April 14-18, 2010**
Date Funding Needed By: **March 1, 2010**

**Please Note that for Fall Requests the earliest that you will be notified of funding availability will be early June 2008 and for Spring Requests early January 2009.

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- | | |
|--|--|
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| Event | Participant data collection for public dissemination, i.e. interviews/surveys that result is a journal/poster session/newsletter |
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| Space/OPC Requirements | |
| Infrastructure/Remodel | |
| <input checked="" type="checkbox"/> Other <u>Attend national conference on undergraduate research (NCUR) to present results of empirical studies</u> | |

Previously Funded: YES NO Yes, Request # _____

Does your proposal require IRB (Institutional Review Board) approval: Yes No

Assessment submitted for previously Funded Activity: YES NO

Academic Program or Center Name and Budget Code: **Psychology, Budget Code 735**

Date of Submission: **February 1, 2010**

Amount Requested:
(Should match item 2. E. on page 4)

Application
Instructionally Related Activities Funds Request
2009-2010 Academic Year

Requirements and Signatures

Please provide the following in your application:

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- Students should have an understanding of applications of psychology to personal, social and organizational issues.
- Students should use and respect skeptical inquiry, critical thinking, and the scientific approach to understanding behavior.

5. **Sources of Activity Support.** Please list the other sources of funding, and additional support for the activity.

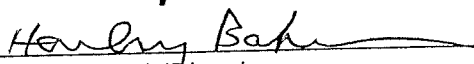
The current request has no other sources of funding. Each student will be paying for their own lodging, meals, and incidentals during the trip. *These costs are not included in the requested budget.*

7. **Acknowledgment.** Project Sponsor and Program Chair acknowledge that they have reviewed and accepted the Conditions and Considerations detailed on page 2.

Signatures and Dates

 02/01/2010

Project Sponsor Date

 02/01/2010

Program Chair/Director Date

 2/2/10

Dean



TRAVEL EXPENSE CLAIM (TEC)

C.I.T # _____

Must be submitted within 30 days of the end of travel

Employee
 Applicant
 Volunteer
 Non-Employee
 Student (waiver on file)

| | | | | | |
|--|----------------------------------|--|--------------------------------------|--|--|
| TRAVELER'S NAME Heidi Wolf | | RESIDENCE ADDRESS 509 Raindance St. | | CITY/STATE/ZIP CODE Thousand Oaks, CA 91360 | |
| HEADQUARTERS ADDRESS One University Drive | | HEADQUARTERS CITY/STATE/ZIP Camarillo, CA 93012 | TRAVELER'S PHONE NO. 805-210-1831 | DEPARTMENT Psychology | POSITION Student |
| DEPARTURE DATE 4/14/10 | DEPARTURE TIME (AM/PM) 9:50AM | RETURN DATE 4/17/10 | RETURN TIME (AM/PM) 9:00PM | FORM PREPARED BY Jerilee Petralba | EXTENSION 8835 |
| DATE PREPARED 4/19/10 | | | | | DELIVERY OPTIONS SELECT ONE: <input checked="" type="checkbox"/> Mail Check <input type="checkbox"/> Pickup Check |

| SAME-DAY TRAVEL | | | | | | | | | | | | | |
|-----------------|-------------|---------|------------------|-------|--------|-------------|--------------|---------------|-----------|-----------------------|-----------------------|------------------|------------------------|
| DATE | DESTINATION | LODGING | MEALS (Taxable*) | | | INCIDENTALS | REGISTRATION | COST OF TRANS | TYPE USED | TRANSPORTATION | | BUSINESS EXPENSE | TOTAL EXPENSES FOR DAY |
| | | | Breakfast | Lunch | Dinner | | | | | CARFARE TOLLS PARKING | PRIVATE CAR USE MILES | | |
| | | NA | | NA | | NA | | | | | 0.00 | | \$0.00 |

| OVERNIGHT TRAVEL | | | | | | | | | | | | | | |
|------------------|---|----------|-----------|--------|--------|-------------|--------------|---------------|-----------|-----------------------|-----------------------|------------------|------------------------|----------|
| DATE | DESTINATION | LODGING | MEALS | | | INCIDENTALS | REGISTRATION | COST OF TRANS | TYPE USED | TRANSPORTATION | | BUSINESS EXPENSE | TOTAL EXPENSES FOR DAY | |
| | | | Breakfast | Lunch | Dinner | | | | | CARFARE TOLLS PARKING | PRIVATE CAR USE MILES | | | |
| 4/14/10 | Camarillo, CA to LAX to Missoula, Montana | 73.83 | | | | N/A | | 172.66 | A | 22.00 | 0.00 | 175.00 | \$443.49 | |
| 4/15/10 | Missoula, Montana | 73.83 | | | | | | | | | 0.00 | | 73.83 | |
| 4/16/10 | Missoula, Montana | 73.83 | | | | | | | | | 0.00 | | 73.83 | |
| 4/17/10 | Missoula, Montana to LAX to Camarillo, CA | | | | | | 288.40 | | A | | 0.00 | | 288.40 | |
| | | | | | | | | | | | 0.00 | | 0.00 | |
| | | | | | | | | | | | 0.00 | | 0.00 | |
| | | | | | | | | | | | 0.00 | | 0.00 | |
| SUBTOTAL | | \$221.49 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$461.06 | | \$22.00 | 0 | \$0.00 | \$175.00 | \$879.55 |

| | | | | |
|--------------------------------------|-----------|--------------|----------|----------|
| LESS AMOUNT PREVIOUSLY PAID BY CSUCI | 288.40 | 175.00 | 22.00 | (485.40) |
| | AIR FARE | REGISTRATION | OTHER | |
| LESS ANY OTHER ADJUSTMENTS | Comments: | | | |
| AMOUNT DUE TRAVELER | | | \$394.15 | |

Source of Funding: (Please verify chartfields before submitting to AP)

| Account | Fund | Dept | Program | Class | Project | Amount |
|---------|-------|------|---------|-------|---------|----------|
| 606002 | TK910 | 735 | 90298 | | | \$394.15 |
| *606803 | | | | | | \$0.00 |

PURPOSE OF TRIP, REMARKS, AND DETAILS: Attach original receipts to 8.5" X 11" paper and submit with claim

IRA funded student travel. Presented at 24th National Conference on Undergraduate Research at the University of Montana, Missoula Montana. \$47.14 is Roadrunner Shuttle cost (direct bill). Reimbursement for flight (partial) and hotel.

Total Amount \$394.15

NORMAL WORK DAYS & HOURS
Student Traveller - IRA Fund

PRIVATE VEHICLE LICENSE

MILEAGE RATE CLAIMED
0.500 (If different see instructions)

I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with the applicable California State University procedures and CSUCI procedures, and that all items shown were for the official business of The California State University. If a privately owned vehicle was used, and if mileage rate exceeds the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

| | | |
|---|---|------------------------|
| CLAIMANT'S PRINTED NAME Heidi Wolf | CLAIMANT'S SIGNATURE <i>Heidi Wolf</i> | DATE 4/26/10 |
| MANAGER'S PRINTED NAME HARLEY BAKER | MANAGER'S SIGNATURE <i>Harley Baker</i> | DATE 4/26/10 |
| DIVISION APPROVAL PRINTED NAME (VP OR DESIGNEE) if required ASHISH VAIDYA | DIVISION APPROVAL SIGNATURE <i>Ashish Vaidya</i> | DATE 5/3/10 |

Holiday Inn

EXPRESS[®]
HOTEL & SUITES

104

04-17-10

| | | |
|---|--|--|
| Allison Oleary 1 University Dr Camarillo California Camarillo, CA 93012 US | Folio No. : 55218 A/R Number : Group Code : Company : Leisure Travel Membership No. : Invoice No. : | Room No. : 416 Arrival : 04-14-10 Departure : 04-17-10 Conf. No. : 62033271 Rate Code : ILCOR Page No. : 1 of 1 |
|---|--|--|

| Date | Description | Charges | Credits |
|----------------|------------------|---------------|---------------|
| 04-14-10 | *Accommodation | 69.00 | |
| 04-14-10 | Lodging Tax | 4.83 | |
| 04-15-10 | *Accommodation | 69.00 | |
| 04-15-10 | Lodging Tax | 4.83 | |
| 04-16-10 | *Accommodation | 69.00 | |
| 04-16-10 | Lodging Tax | 4.83 | |
| 04-17-10 | MasterCard | | 221.49 |
| | XXXXXXXXXXXX9018 | | |
| Total | | 221.49 | 221.49 |
| Balance | | 0.00 | |

Guest Signature: _____

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS

a campus of the California State University • Bakersfield • Channel Islands • Chico • Dominguez Hills • Fresno • Fullerton • Hayward • Humboldt • Long Beach • Los Angeles
Maritime Academy • Monterey Bay • Northridge • Pomona • Sacramento • San Bernardino • San Diego • San Francisco • San Jose • San Luis Obispo • San Marcos • Sonoma • Stanislaus

**RELEASE OF LIABILITY, WAIVER OF RIGHT TO SUE, ASSUMPTION OF RISK AND
AGREEMENT TO PAY CLAIMS**

Activity: 24th National Conference on Undergraduate Research

Activity Date(s) and Time(s): April 14-18, 2010

Activity Location/Facility: Missoula, Montana

In consideration for being allowed to participate in this Activity, I **release from liability and waive my right to sue** the State of California, the Trustees of the California State University, which own and operate California State University, Channel Islands and their employees, officers, volunteers and agents (collectively "University") from any and all claims, **including the University's negligence**, resulting in any physical injury, illness (including death) or economic loss that I may suffer because of my participation in this Activity, including any travel to and from the Activity.

I am voluntarily participating in this Activity. I understand that there are risks, such as physical and/or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability or even death, which may occur from my participation in this Activity. These injuries or outcomes may arise from my own or other's actions, inactions, negligence, or from the condition of the Activity location(s) or facility(ies). **Nonetheless, I assume all related risks, whether known or unknown to me, of my participation in this Activity, including travel to and from the Activity.**

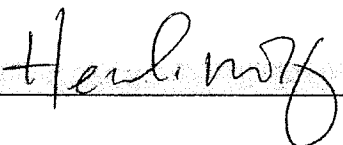
I agree to **hold** the University **harmless from any and all claims, loss or damage to my personal property, liabilities and costs, including attorney's fees**, as a result of my participation in this Activity, including travel to and from the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University.

If I need medical treatment, the University is authorized to obtain medical treatment for me. I will be financially responsible for any costs of such treatment. I agree that I will not hold the University responsible for any claims resulting from any medical treatment. I am aware that the University does not provide health insurance for me and I should carry my own health insurance.

I am 18 years or older. I have read this document, and I am signing it freely. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) waiver of my right to sue the University, (c) and assumption of all risks of participating in this Activity, including travel to and from the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

Participant Name: Heidi Wolf Date: 3/5/10

Signature: 

One University Drive
Camarillo, California 93012
Tel 805-437-8400
Fax 805-437-8424



<http://www.csuci.edu/ira/index.htm>

Application
Instructionally Related Activities Funds Request
2009-2010 Academic Year
DEADLINE: Fall and Academic Year 3/15/09
Spring 10/15/10

Applications must first be sent to the appropriate program chair. Chairs will the recommend and route them to the Dean's Office for review and authorization. The Dean's Office will then forward them to the IRA Committee for consideration.

Activity Title: Attend National Conference on Undergraduate Research (NCUR)

Project Sponsor/Staff (Name/Phone): **Dr. Kimmy Kee-Rose/805-437-3276**

Activity/Event Date(s): **April 14-18, 2010**

Date Funding Needed By: **March 1, 2010**

****Please Note that for Fall Requests the earliest that you will be notified of funding availability will be early June 2008 and for Spring Requests early January 2009.**

Please check if any of the following apply to your IRA:

| | |
|--|--|
| Equipment Purchase | <input checked="" type="checkbox"/> Field Trip |
| Event | Participant data collection for public dissemination, i.e. interviews/surveys that result is a journal/poster session/newsletter |
| IT Requirements | Risk Management Consultation |
| International Travel | <input checked="" type="checkbox"/> Late Submission (Passed Deadlines: Fall 3/15, Spring 10/15) |
| Space/OPC Requirements | |
| Infrastructure/Remodel | |
| <input checked="" type="checkbox"/> Other <u>Attend national conference on undergraduate research (NCUR) to present results of empirical studies</u> | |

Previously Funded: YES NO Yes, Request # _____

Does your proposal require IRB (Institutional Review Board) approval: Yes No

Assessment submitted for previously Funded Activity: YES NO

Academic Program or Center Name and Budget Code: **Psychology, Budget Code 735**

Date of Submission: **February 1, 2010**

Amount Requested:
 (Should match item 2. E. on page 4)

Application
Instructionally Related Activities Funds Request
2009-2010 Academic Year

Requirements and Signatures

Please provide the following in your application:

1. **Brief Activity Description.** Describe the activity and its relationship to the educational objectives of the students' program or major.

Funding is requested for 15 CSUCI undergraduate students in my ongoing Psychology courses (see #2) to present the findings of their empirical research at the 24th National Conference on Undergraduate Research (NCUR), hosted by University of Montana in Missoula from April 15 to 17, 2010. The NCUR is dedicated to promoting undergraduate research, scholarship, and creative activity in all fields of study. This annual gathering welcomes up scholars and their faculty mentors from all institutions of higher learning in the United States. The NCUR creates a unique environment for the celebration and promotion of undergraduate student achievement.

I only received a call for paper/poster abstract submissions to NCUR in November of 2009. On December 4th, 15 students from my courses submitted a total of 5 abstracts for a paper presentation. Last week (on January 22nd), we received good news from the NCUR Abstract Review Committee that all of our 5 abstracts were approved for presentation. In addition, we were informed that our abstracts were chosen from over 2600 submissions and that they displayed a unique contribution to our field of study. Therefore, we are now making this late request for funding.

One of the primary goals of the courses listed in #2 is for students to present and disseminate their research findings at regional and national scientific conferences. In the field of Psychology, the experience of presenting at such conferences would help to better prepare students and significantly enhance their ability to obtain competitive positions in graduate study programs across the fields of behavioral science. Hence, this opportunity is one that will not only deal with meeting the Psychology program learning outcomes as listed below, but will enhance their future careers as well:

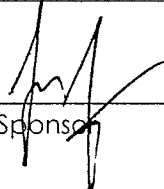
- Students should understand and be able to use major research methods in psychology (design, data analysis & interpretation).
- Students should have an understanding of applications of psychology to personal, social and organizational issues.
- Students should use and respect skeptical inquiry, critical thinking, and the scientific approach to understanding behavior.

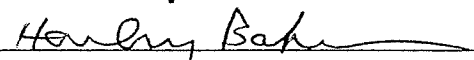
5. **Sources of Activity Support.** Please list the other sources of funding, and additional support for the activity.

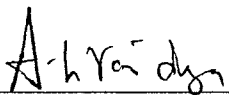
The current request has no other sources of funding. Each student will be paying for their own lodging, meals, and incidentals during the trip. *These costs are not included in the requested budget.*

7. **Acknowledgment.** Project Sponsor and Program Chair acknowledge that they have reviewed and accepted the Conditions and Considerations detailed on page 2.

Signatures and Dates


Project Sponsor 02/01/2010
Date


Program Chair/Director 02/01/2010
Date


Dean 2/2/10