

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

Application Instructionally Related Activities Funds Request 2008-2009 Academic Year DEADLINE: Fall and Academic Year 3/14/08 Spring 10/15/08

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:

Project Sponsor/Staff (Name/Phone): Andrea Grove and Trudy Milburn, Center for Community Engagement/ Pattie Mullins-Randall, Support Coordinator Activity/Event Date(s): Model UN Conferences, October 2008; November 2008 Date Funding Needed By: 1 September 2008

**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 □ Event □ IT Requirements □ International Travel □ Space/OPC Requirements □ Risk N □ Infrastructure/Remodel □ Other	x Field Trip Participant data collection for public dissemination, i.e. interviews/surveys that result is a journal/poster session/newsletter Aanagement Consultation Late Submission (Passed Deadlines: Fall 3/14, Spring 10/15)
Previously Funded: xYES ¬NO	Yes, Request #209
Does your proposal require IRB (Institu	utional Review Board) approval: □Yes xNo
Assessment submitted for previously F	Funded Activity: DYES XNO (occurs in April)
Academic Program or Center Name Engagement, 833	and Budget Code: Center for Community
Date of Submission: 13 March 2008	
Amount Requested: \$6075.00 (Should match item 2. E. on page 4)	

Estimated Number of Students Participating: 15

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California State University Channel Islands

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MAKE	E CHECK PAY	ABLE TO:			to the state of th				
	Name: Pan	American Mode	l United Nations		PeopleSoft Vendor ID: 4902				
	Address 1:	Dept of Political	Sci, USD		Note: New ve	Note: New vendors must complete a Form 204			
				The state of the s		Check will be:			
	Address 2: 5998 Alcala Park				o the address at left p from Cashier - Ex	t			
	City, State Zip: San Diego, CA 92110		Description as it	should appear on reports	(30 characters)				
	Amount \$	1650							
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CHA	RGE			***************************************					
	Account	Fund	Dept ID	Program	Class	Project/Grant	Amount		
	660009	TK910	833	90207			\$1,650.00		
		<u> </u>				Total	\$1,650.00		
Reque	ested Ma	ary Devins x3253		Maux	Di	10/28/08			
	!	Printed Name & Extension	on	Signature	•	Date			
					\				
Appro	oved by: Dai	1 Wakelee Printed Name		Signature) alle	10/28/08 Date			

241

INVOICE # 3229 DATE: OCTOBER 20, 2008

Pan American Model United Nations

TO California State University, Channel Islands One University Drive Camarillo, CA 93012 andrea.grove@csuci.edu

CONFERENCE	DATE	PAYMENT TERMS	DUE DATE
AmWest	November 22-25, 2008	Due on Receipt	November 8 for to Retain Assigned Countries

QTY	DESCRIPTION	COST	TOTAL	
1	Institution Fee	\$150	\$150.00	
15	Delegate/Advisor Fees	\$100	\$1500.00	
		,		
PLEASE R	EMIT PAYMENT TO: MARY M. McKENZIE	SUBTOTAL	\$1650.00	
DEPT. OF	POLITICAL SCIENCE UNIVERSITY OF SAN DIEGO	SALES TAX	N/A	
5998 ALC	5998 ALCALA PARK SAN DIEGO, CA 92110			

Make all checks payable to Pan American Model United Nations. All cancellations must be made no later than fourteen days in advance of the conference. Country assignments are not guaranteed until the payment has cleared.

RECEIPT

Pan American Model United Nations

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INVOICE # 2205 DATE: MARCH 17, 2008

TO California State University, Channel Islands One University Drive Camarillo, CA 93012 andrea.grove@csuci.edu

CONFERENCE	DATE	PAYMENT TERMS	DUE DATE
AmPac	April 10-13, 2008	Due on Receipt	March 10 for Early Bird Registration Rates

QTY	DESCRIPTION	COST	TOTAL
1	Institution Fee (\$200.00 after March 10 th)	\$150.00	\$150.00
17	Delegate/Advisor Fees (\$125.00 each after March 10 th)	\$90.00	\$1530.00
DI FACE I	REMIT PAYMENT TO: MARY M. McKENZIE		\$1490.00
		SUBTOTAL	\$1680.00
DEPT. O	F POLITICAL SCIENCE UNIVERSITY OF SAN DIEGO	SALES TAX	N/A
5998 AL	CALA PARK SAN DIEGO, CA 92110	TOTAL	\$1680.00

Make all checks payable to Pan American Model United Nations. All cancellations must be made no later than fourteen days in advance of the conference. Country assignments are not guaranteed until the payment has cleared.

INVOICE

Pan American Model United Nations

California State University, Channel Islands One University Drive Camarillo, CA 93012 andrea.grove@csuci.edu

INVOICE # 3202 DATE: SEPTEMBER 1, 2008

CONFERENCE	DATE	PAYMENT TERMS	DUE DATE
CALMUN	October 25, 2008	Due on Receipt	October 11 for to Retain Assigned Countries

QTY	DESCRIPTION	COST	TOTAL
1	Institution Fee	\$45.00	\$45.00
17	Delegate/Advisor Fees	\$45.00	\$425.00
PI FASF R	EMIT PAYMENT TO: MARY M. McKENZIE	SUBTOTAL	\$470.00
	POLITICAL SCIENCE UNIVERSITY OF SAN DIEGO	SALES TAX	N/A
5998 ALC	ALA PARK SAN DIEGO, CA 92110	TOTAL	\$470.00

Make all checks payable to Pan American Model United Nations. All cancellations must be made no later than fourteen days in advance of the conference. Country assignments are not guaranteed until the payment has cleared.



California State University Channel Islands Check Request Form

To be used for transactions other than employee travel or those requiring a purchase order or service agreement.

MAKI	E CHECK PAY.	ABLE TO:	7)						
			el United Nations	3		Vendor ID: 4902	e a Form 204		
	Address 1:	Dept of Politica	ıl Sci, USD		Check will	Check will be:			
	Address 2:	5998 Alcala Par	k		Mailed 1	to the address at left			
	City, State	Zip: San Diego,	CA 92110			np from Cashier - Ex			
	Amount \$	470.00							
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	Advertis Freight/S Honorar Honorar CSU Ov Lodging * To be used t **Please attac ***To be used Descriptio Registratic Please see	Shipping ium/Speaker Fee(ting/Notetaking Sved *** erhead Costs -Hampton/Country by payroll department a signed Non-Empliat year end only when and/or explanation fee for IRA furattached IRA pr	Non- Parki Inder 1K) Payro To Perm Tax R Art N y/Marriott (Camaril nt only. ployee reimbursement nen PO on invoice ha attion of payment. Inded activity, Mo	t form to this check rest been closed and price	equest.	Postage Refund Registration Fee (w. Subscription/Period Utilities Sodexho (w/ Meal A Prizes/Awards (Non IRA Activity be been reverted.	ical Approval Frm) a-General Fund)		
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CHAI	Account	Fund	Dept ID	Program	Class	Project/Grant	Amount		
	660009	TK910	833	90207		•	\$470.00		
						Total	\$470.00		
Reque	sted Ma	ry Devins x3253	;			9/9/08			
	P	rinted Name & Extensi	on	Signature		Date			
Appro	ved by: Dan	Wakelee	$\left(\right)$	Jan (0)	×	9/9/08			
- - PP* 0	<u>Dan</u>	Printed Name		Signature	u _	9/9/08 Date			



California State University Channel Islands Check Request Form

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To be used for transactions other than employee travel or those requiring a purchase order or service agreement.

	Name: P	an American Mo	del United Natio	ons	PeopleSc	oft Vendor ID. 40	00	
	Address	l: Dept of Politic	al Sci, USD		Note: Nev	PeopleSoft Vendor ID: 4902 Note: New vendors must complete a Form 204		
	Address 2	2: 5998 Alcala Pa	rk		Check wi	d to the address at le	eft	
	City, Stat	e Zip: San Diego	, CA 92110		☐ Picked	d up from Cashier -	Ext	
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HAR		Fund	Dept ID	Program	Class	Project/Grant	Amount	
	Account 660009	TK910	833	90207			\$340.00	
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Pan American Model United Nations c/o Mary McKenzie, Political Science Department University of San Diego, 5998 Alcala Park San Diego, CA 92110

Invoice

Customer			Misc		
Name Address	CSUCI		Date	.] 11/1/	3/2008
City Phone	State ZIP				JI 2000
Qty	Description		Unit Dais		
17	Delegate Fee for AmWest		Unit Price		TOTAL
1	Advisor Fee		\$ 45.00 \$ 45.00	\$ \$	765.00 45.00
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Please note that your country assignments are not final until payment or proof of payment of the institution fee. The remainder of your fees are payable two weeks prior to the conference, or your seats may be reassigned. You will be rexpected to pay for all seats assigned to your school.

INVOICE

Pan American Model United Nations

INVOICE # 3202 DATE: SEPTEMBER 1, 2008

TO California State University, Channel Islands One University Drive Camarillo, CA 93012 andrea.grove@csuci.edu

CONFERENCE	DATE	PAYMENT TERMS	DUE DATE
CALMUN	October 25, 2008	Due on Receipt	October 11 for to Retain Assigned Countries

QTY	DESCRIPTION	COST	TOTAL
1	Institution Fee	\$45.00	\$45.00
17	Delegate/Advisor Fees	\$45.00	\$425.00
	Mary - This is The invoice we		
	The invoice we		
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	paid - you can See the evror On the delegate/ advisor fees		
DIFACE DE	MIT PAYMENT To.		
	**************************************	SUBTOTAL	\$470.00
	POLITICAL SCIENCE UNIVERSITY OF SAN DIEGO	SALES TAX	N/A
DYYK ALCA	LA PARK SAN DIEGO, CA 92110	TOTAL	\$470.00

Make all checks payable to Pan American Model United Nations. All cancellations must be made no later than fourteen days in advance of the conference. Country assignments are not guaranteed until the payment has cleared.



California State University Channel Islands Check Request Form Received To be used for transactions other than employed trayel or those requiring a purchase order or service agreement.

MAKE CHECK PA	AYABLE TO:	NOV 25 P 12	: 03			
Name: I	Pan American Model U	United Nations			endor ID: 4902	a Form 204
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Address	2: 5998 Alcala Park				e: the address at left from Cashier - Ex	
City, Sta	te Zip: San Diego, CA	A 92110		•	hould appear on reports	/
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	/		1		Total	\$295.00
Requested	Mary Devins x3253	\	Mayo	beri	10/29/08	
	Printed Name & Extension		Signature		Date	
Approved by: 1	Dan Wakelee		bury	1 Jee	10/20/08	
	Printed Name	(Signature		Date	





Pan American Model United Nations c/o Mary McKenzie, Political Science Department University of San Diego, 5998 Alcala Park San Diego, CA 92110

Receipt

Customer		Misc	i
Name	CSUCI	Date	10/25/2008
Address City	State ZIP		
Phone	State ZIF		
Qty	Description	Unit Price	TOTAL
1	Institution Fee - CALMUN, Oct. 25	\$ 45.00	\$ 45.00
14	Delegate Fee for AmWest	\$ 45.00	\$ 630.00
2	Advisor Fee	\$ 45.00	\$ 90.00
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	Mose Prose	Amount Paid	\$ 470.00
Payment	Donale you		
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	e that your country assignments are not final until payment or proof of p of your fees are payable two weeks prior to the conference, or your sea		
remainder	rexpected to pay for all seats assigned to your scho		ighted. Tod will be



California State University Channel Islands Check Request Form

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To be used for transactions other than employee travel or those requiring a purchase order or service agreement.

CSUCI ACCOUNTING

MAK	E CHECK PAY					_	
	Name: Par	7000 1 American Mode		1: 50	PeopleSoft	Vendor ID: 4902	
	Address 1:	Dept of Politica	l Sci, USD		Note: New ve	endors must complete	e a Form 204
	Address 2:	5998 Alcala Parl	ς			the address at left	
	City, State	Zip: San Diego,	CA 92110			p from Cashier - Ex	
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UITA	Account	Fund	Dept ID	Program	Class	Project/Grant	Amount
	660009	TK910	833	90207			\$295.00
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Reque		ary Devins x3253		Mayd	Jeri_	Total	\$295.00
Appro		Printed Name & Extension 1 Wakelee Printed Name	on /	Signature	Doe	Date 10/2 9 /08	





Pan American Model United Nations c/o Mary McKenzie, Political Science Department University of San Diego, 5998 Alcala Park San Diego, CA 92110

Receipt

Customer		Misc	
Name Address	CSUCI	Date	10/25/2008
City Phone	State ZIP		
Qty	Description	Unit Price	TOTAL
1 14 2	Institution Fee - CALMUN, Oct. 25 Delegate Fee for AmWest Advisor Fee	\$ 45.00 \$ 45.00 \$ 45.00	\$ 45.00 \$ 630.00
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Payment	Plese pour.	SubTotal Amount Paid	\$ 765.00 \$ 470.00
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Please note remainder o	that your country assignments are not final until payment or proof of p f your fees are payable two weeks prior to the conference, or your sea rexpected to pay for all seats assigned to your scho	ts may be reassig	titution fee. The ned. You will be



Pan American Model United Nations

INVOICE # 3202 DATE: SEPTEMBER 1, 2008

TO California State University, Channel Islands One University Drive Camarillo, CA 93012 andrea.grove@csuci.edu

CONFERENCE	DATE	PAYMENT TERMS	DUE DATE
CALMUN	October 25, 2008	Due on Receipt	October 11 for to Retain Assigned Countries

QTY		DESCRIPTION	COST	TOTAL
1	Institution Fee		\$45.00	\$45.00
17	Delegate/Advisor Fees		\$45.00	\$425.00
		Mary - This is the invoice we	l	
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		paid - you can See the error		
		paid - you con See the error on the delegate/ advisor fees		
PLEASE RE	MIT PAYMENT T.		SUBTOTAL	\$470.00
DEPT. OF	POLITICAL SCIENCI	E UNIVERSITY OF SAN DIEGO	SALES TAX	N/A
5998 ALCA	LA PARK SAN DI	EGO, CA 92110	TOTAL	\$470.00

Make all checks payable to Pan American Model United Nations. All cancellations must be made no later than fourteen days in advance of the conference. Country assignments are not guaranteed until the payment has cleared.

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TRAVEL EXPENSE CLAIM (TEC)

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DATE

Rev. C (07/08)

DIVISION APPROVAL PRINTED NAME (VP OR DESIGNEE)

GRANTS/CONTRACTS ANALYST PRINTED NAME (for SA901 funds only)



Andrea Grove 353 Anacapa Isla. Camarillo, CA 93. INFORMATION II A/R Number	012	Room No. Arrival Departure Page No. Folio No.	137 10-24-08 10-25-08 1 of 1
Group Code Company Nama	081025CAMO	Cashier No.	117

Company Name CA Model United Nations

-08	Room Charge	Charges
-08	Room Tax -12%	Charges
		119.00
		14.28

Guest Signature



Andrea Grove 353 Anacapa Island Dr Camarillo, CA 93012

 Room No.
 139

 Arrival
 10-24-08

 Departure
 10-25-08

 Page No.
 1 of I

 Folio No.
 202701

135

Cashier No.

INFORMATION INVOICE

A/R Number

 $Group\ Code$

081025CAMO

Company Name

CA Model United Nations

10-24-08	Amber Waves Dinner		64.68	
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10-24-08	Room Charge		119.00	
10-24-08	Room Tax -12%	NS Wise a paper page training as incoming a game is the delivered of the second page and the second page a	14.28	
10-25-08	Room Service Breakfast		12.54	
10-25-08	#139 : CHECK #2886 American Express		-	210.50
	XXXXXXXXXXXI003 XX/XX			
		Balance		0.00

Guest Signature



Andrea Grove 353 Anacapa Island Dr Camarillo, CA 93012

 Room No.
 217

 Arrival
 10-24-08

 Departure
 10-25-08

 Page No.
 1 of I

INFORMATION INVOICE

Folio No. Cashier No.

117

A/R Number Group Code

Company Name

CA Model United Nations

10-24-08	Room Charge	Changes Cred. 119.00
10-24-08	Room Tax -12%	14.28

Guest Signature



Andrea Grove

353 Anacapa Island Dr
Camarillo, CA 93012

Departure
Page No.
INFORMATION INVOICE

Andrea Grove
Room No.
221

10-24-08

10-25-08

Page No.
1 of 1

Folio No.
117

A/R Number Group Code

Company Name

CA Model United Nations

Date	Text	Charges	Credits
10-24-08	Room Charge	119.00	
10-24-08	Room Tax -12%	14.28	
	- MANAGA MARANA	Ralance	133 28

Guest Signature



Andrea Grove
Room No. 233
353 Anacapa Island Dr
Camarillo, CA 93012
Departure
Page No. 1 of 1
Folio No.
INFORMATION INVOICE
Cashier No. 117

A/R Number

Group Code

081025CAMO

Company Name

CA Model United Nations

10-24-08	Room Charge	119.00
10-24-08	Room Tax -12%	14.28
10-24-08	Parking	10.00

Guest Signature

241



Andrea Grove

353 Anacapa Island Dr

Camarillo, CA 93012

COPY OF INVOICE

A/R Number

Group Code

081025CAMO

Company Name

CA Model United Nations

Room No.

235

Arrival

10-24-08

Departure

10-25-08

Page No.

1 of 1

Folio No.

202720

Cashier No.

2

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TRAVEL EXPENSE CLAIM (TEC) Must be submitted within 30 days of the end of travel

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GROVE, ANDREA 353 ANACAPA ISLAND DRIVE

CAMARIOLO, CA 93012

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RATE PLAN HH# AL: CAR:

CONFIRMATION NUMBER: 82314388

11/25/08

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

Application Instructionally Related Activities Funds Request 2008-2009 Academic Year DEADLINE: Fall and Academic Year 3/14/08 Spring 10/15/08

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:

Project Sponsor/Staff (Name/Phone): Andrea Grove and Trudy Milburn, Center for Community Engagement/ Pattie Mullins-Randall, Support Coordinator Activity/Event Date(s): Model UN Conferences, October 2008; November 2008 Date Funding Needed By: 1 September 2008

**Please Note that for Fall Requests the earliest that you will be notified of funding

**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.

□ Event □ F □ IT Requirements □ International Travel □ Space/OPC Requirements □ Risk Man □ Intrastructure/Remodel □ L	ield Trip Participant data collection for public dissemination, i.e. interviews/surveys that esult is a journal/poster session/newsletter
Previously Funded: xYES DNO Yes	s, Request #209
Does your proposal require IRB (Institution	nal Review Board) approval: cYes xNo
Assessment submitted for previously Fund	ded Activity: aYES xNO (occurs in April)
Academic Program or Center Name and Engagement, 833	d Budget Code: Center for Community
Date of Submission: 13 March 2008	
Amount Requested: \$6075.00 (Should match item 2. E. on page 4)	

Estimated Number of Students Participating: 15

Application Instructionally Related Activities Funds Request 2008-2009 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 <u>prior</u> 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 2008-2009 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.

Model UN events are academic conferences for students that provide students with a unique opportunity to develop an understanding of the complexity of specific issue-areas in global politics. Benefits for students include skill development in policy research, conflict analysis, thinking from different perspectives, negotiation, and public speaking. Students are also able to interact with a diverse range of students from around the region. These are all qualities that benefit any major, as well as more specifically related political science majors, communications majors and global studies minors. However, we plan to encourage interdisciplinarity in the team, and as part of the application and selection process will choose a team from across the curriculum. We now have a team and will open participation again in the fall. Students will be able to get credit in POLS 490.

This application is for funding to take students to two Model UN events in the fall in the southern California region: the CALMUN Anaheim-Disneyland Conference in late October and the American-West conference November 20-23. The budget below is estimated for fifteen students.

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.

This fall (2008) students from any major can take Model UN as a course by enrolling in POLS 490. Model UN is integrally related to POLS 329, International Law and Organizations, which is offered most academic years. In addition, the subject matter for all Model UN conferences is germane to POLS 103, Introduction to International Relations (offered every semester). Further, it is related to the subject matter in COMM 320, Persuasion & Argumentation, and COMM 430, Political Communication, which will be taught in Fall 2008.

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.

As noted, the primary educational goals for participation in Model UN are skill development in policy research, conflict analysis, thinking from different perspectives, negotiation, and public speaking. As part of a project in progress for publication, I (with two colleagues) have developed an instrument to assess the Model UN experience. This instrument will be used to survey students on how well the experiences match the goals established.

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

The main areas for which funding is needed are registration fees and hotel costs when relevant. Students will pay for their own transportation and food.

October conference:

Hotel fees: Delegates will need to stay one night because the conference begins in Anaheim at 7:00 am. Room price is approximately \$130.00 for four people; estimated need for six rooms to accommodate the male-female mix and the advisors.

--\$780.00

Registration fees: \$75.00 per student and advisors (earlybird fee)

--\$1275.00

November conference:

Hotel fees: This conference runs November 20-23; Estimated room price at \$130.00 per night (3 nights) for four people x 6 rooms (see above)

--\$2340.00

Registration fees: \$90.00 per student and advisors (earlybird fee); \$150 institution fee

--\$1680.00

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

The Center for Community Engagement requested a small amount of funding, but we will not know if that budget is funded until late summer.

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

Signatures and Dates	
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Project Sponsor	Date
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Program Chair/Director	3-13-08 Date
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	<u>plication</u> ed Activities Funds Request
2008-2009	7 Academic Year
ACTIVITY BUILD	GET FOR 2008-2009
ACIIVIII BOD	OLI 1 OK 2008-2007
1. Operating Expense Budget	
A. Supplies	
B. Vendor Printing	
C. In-State Travel	Hotel fees \$3120
D. Out-of-State Travel	
E. Equipment Rental	
F. Equipment Purchase	
G. Contracts/Independent Contra	actors
H. Honorarium	
I. OPC Chargeback	
J. Copier Chargeback	

Registration fees \$2955

\$6075.00

K. Other (Please Specify)

TOTAL Expenses

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)	V-Market
E. Requested Allocation	
from IRA	\$6075
Total Revenue	\$6075



California State University Channel Islands Check Request Form

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To be used for transactions other than employee travel or those requiring a purchase order or service agreement.

MAKE CHECK PA	YABLE TO:				_	
Name: Pa	ın American Mod	el United Nations	8		Vendor ID: 4902	
Address 1	: Dept of Politica	ıl Sci, USD		Note: New v	endors must complet	é a Form 204
Address 2	: 5998 Alcala Par	k			o the address at left	
City, State	e Zip: San Diego,	CA 92110			p from Cashier - Ext	
Amount	\$ \$295			*		
TYPE OF PAYM	IENT (Attach origina	al receipts and invoice, i	if applicable)			
Advert Freight Honora Interpre PO Clo CSU O Lodgin * To be used **Please atta ***To be used Correction Delegate,	/Shipping prium/Speaker Fee(to eting/Notetaking Sweet *** verhead Costs g-Hampton/Country by payroll department the a signed Non-Emped at year end only when the previously payroll on to previously payroll on to previously payroll on to previously payroll on the payroll on the previously payroll on the p	Non- Park: Inder 1K) Payro Tax F Art M y/Marriott (Camari at only. Poloyee reimbursemen hen PO on invoice ha attion of payment. aid invoice. The second and show	t form to this check recus been closed and prior second line item or ald have totalled ou	quest. r year funds have	aid invoice was fo	lical Approval Frm) n-General Fund)
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Approved by: <u>Da</u>	n Wakelee		Signature	l loc	10/2 0 /08	

Pan American Model United Nations

INVOICE # 3202 DATE: SEPTEMBER 1, 2008

California State University, Channel Islands One University Drive Camarillo, CA 93012 andrea.grove@csuci.edu

CONFERENCE DATE **PAYMENT TERMS** DUE DATE October 11 for to Retain CALMUN October 25, 2008 Due on Receipt **Assigned Countries**

QTY	DESCRIPTION	COST	TOTAL
1	Institution Fee	\$45.00	\$45.00
17	Delegate/Advisor Fees	\$45.00	\$425.00
	Mary - This i? The invoice we		
	Mary - This i? The invoice we paid - you can See the evror On the delegate/ advisor fees		
	On the delegate/ advisor fees		
PLEASE RE	EMIT PAYMENT To.	SUBTOTAL	\$470.00
DEPT. OF	POLITICAL SCIENCE UNIVERSITY OF SAN DIEGO	SALES TAX	N/A
5998 ALC	ALA PARK SAN DIEGO, CA 92110	TOTAL	\$470.00

SUBTOTAL	\$470.00
SALES TAX	N/A
TOTAL	\$470.00

Make all checks payable to Pan American Model United Nations. All cancellations must be made no later than fourteen days in advance of the conference. Country assignments are not guaranteed until the payment has cleared.



Pan American Model United Nations c/o Mary McKenzie, Political Science Department University of San Diego, 5998 Alcala Park San Diego, CA 92110

Invoice No.

1501

Receipt

Customer	Mi	sc			
Name	CSUCI Da	Date		. 10/25/2008	
Address City Phone	State ZIP				
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Payment	Plase process? Sul Amou	oTotal nt Paid	\$	765.00 470.00	
Comments Name CC # Expires	Amou	nt Due	\$	295.00	
Please note remainder o	that your country assignments are not final until payment or proof of payment of your fees are payable two weeks prior to the conference, or your seats may be rexpected to pay for all seats assigned to your school.	of the in: e reassi	stituti gned.	on fee. The You will be	





Pan American Model United Nations c/o Mary McKenzie, Political Science Department University of San Diego, 5998 Alcala Park San Diego, CA 92110

Invoice No.

1501

Receipt

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Phone	State		
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		SubTotal Amount Paid	\$ 1,650.00 \$ 1,650.00
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Comments Name CC # Expires	Thank you!	Amount Due	\$ -
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a campus of the California State University • Bakersfield • Channel Islands • Chico • Dominguez Hills • Fresno • Fullerton • Hayward • Humboldt • Long Beach • Los Angeles Maistime 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:	American	West	Model	Unite	d Na	tions	con	fere	nce				
Activity	Date(s) and	Time	(s): 21-	25Nov	08;	night	of	Nov	21;	Nov	22-10:30am	Nov	25
Activity	Location/Fa	cility:	Embas	sy Sui	tes,	Las V	⁷ ega	s, N	V		· · · · · · · · · · · · · · · · · · ·		

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.

Carlin Ewing Date: 10/2

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

to

Tel 805-437-8400 Fax 805-437-8424

Antivity American West Model United Nations conference
Activity: Date(s) and Time(s): 21-25Nov 08; night of Nov 21; Nov 22-10:30am Nov 25
The land and the contract of the second of the contract of the
Activity Location/Facility: Emplaysy Suites, Las Vegas, NV
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.
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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.
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Participant Name: Hexander See Date: 10-20-2008
Participant Name: Alexander See Date: 10-20-2008 Signature: One University Drive Camarillo, California 93012

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

Activity:	American	West !	Model	Unite	d Na	tions	con	fere	nce				
Activity	Date(c) and	l Time(21-	25Nov	08;	night	of	Nov	21;	Nov	22-10:30am	Nov	25
Activity	Location/Fa	i i iiiie(s). Embass	y Sui	tes,	Las V	rega	s. N	v				
Activity	Location/Fa	acility:		+					<u> </u>				

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Participant Name: Megan Adams	Date: 10.20.08
Signature! Adam	One University Drive Camarillo, California 93012 Tel 805-437-8400 Fax 805-437-8424

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

Activity: American West Model United Nations conference	
Activity Date(s) and Time(s): 21-25Nov 08; night of Nov 21; Nov 22-10:30am No	v 25
Activity Location/Facility: Embassy Suites, Las Vegas, NV	

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Participant Name: Kyle	Denes	Date:	10-20-08	?
Signature:				One University Drive Camarillo, California 93012 Tel 805-437-8400 Fax 805-437-8424

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

Activity: -	American	West 1	Model Unit	ed Na	tions	conf	eren	ıce	·			
Activity F) ate(s) and	Time(s): 21-25No	v 08;	night	of :	Nov	21;	Nov	22-10:30am	Nov	25
Activity I	ocation/Fa	cility:	Embassy Su	ites	Las V	egas	s, N7	J				
	ocalion, a	Cirity.										

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Participant Name:

Signature~

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Activity: American West Model United Nations conference		
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Activity Location/Facility: Embassy Suites, Las Vegas, NV		

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Participant Name: One University Drive Tel 805-437-8400

Camarillo, California 93012 Fax 805-437-8424

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

Activity:	American	West 1	Model	Unite	d Na	tions	con	fere	nce	 		
	Date(s) and		21 -	25Mov	nα.	niaht	٥f			22-10:30am	Nov	25

Activity	Location/Fa	icility:	LIIDASS	sy sui	tes,	Las V	ega	s, N	<u> </u>	 		

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Signature: One University Drive Camarillo, California 9301 Tel 805-437-8400 Fax 805-437-8424	Participant Name: MCVQ& MCVOIM Date:	10/20108
	Signature: NAGOATIL	Camarillo, California 93012 Tel 805-437-8400

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

Activity: American West Model United Nations conference	_
Activity Date(s) and Time(s): 21-25Nov 08; night of Nov 21; Nov 22-10:30am Nov 25	
Activity Location/Facility: Embassy Suites, Las Vegas, NV	

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Participant Name: Lric Lichsterect Date: 10/20/08

Signature:

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Activity:	American	West M	odel Un	ited Na	ations	con	fere	nce				
Activity	Date(s) and	Time(s): 21-25N	lov 08;	night	of	Nov	21;	Nov	22-10:30am	Nov	25
Activity	Location/Fa	cility:	Embassy	Suites	, Las V	⁷ ega	s, N	v				

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Participant Name: Chelsee Benté Date: 10/20/08

Signature: Melse State

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

Activity: American West Model United Nations conference
Activity Date(s) and Time(s): 21-25Nov 08; night of Nov 21; Nov 22-10:30am Nov 25
Tetrity Date(s) and Time(s). Embassy Suites, Las Vegas, NV
Activity Location/Facility: Embassy Suites, Las Vegas, NV

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Kursp

Participant Name: 103+

Signature:

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

Date: 10-20-0

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Activity	Date(s) and	Time	$(s) \cdot \frac{21}{}$	-25Nov	08;	night	of	Nov	21;	Nov	22-10:30am	Nov	25
Activity	Location/Fa	cility	Embas	sy Sui	tes,	Las V	'ega	s, N	v				

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Fax 805-437-8424

Participant Name: Amelia Gorman	Date: 10/20/08	
Signature: (M) (M)	_	One University Drive Camarillo, California Tel 805-437-8400

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Activity Date(s) and Time(s): 21-25Nov 08; night of Nov 21; Nov 22-10:30am Nov	r 25
Activity Location/Facility: Embassy Suites, Las Vegas, NV	

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Participant Name:	Luis	Echevarria	Date:	10/20/08	
Signature:	hus '			One University Drive Camarillo, California 9 Tel 805-437-8400 Fax 805-437-8424	3012

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

Activity:	American	West Mo	odel Unite	d Na	tions	con:	ferenc	:e			
•				00.					22-10:30am	Nov	25
			mbassy Sui			ega	s, NV				
Activity	Location/F2	ichny:—	·								

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.

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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.

Participant Name: <u>Casey</u>	Penn	Date: 10-70-08	
Signature: Laser	len_		One University Drive Camarillo, California 93012 Tel 805-437-8400 Fax 805-437-8424

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

Activity: American West Model United Nations conference		
Activity Date(s) and Time(s): 21-25Nov 08; night of Nov 21; Nov 22-10:30am 1	Nov	25
Activity Location/Facility: Embassy Suites, Las Vegas, NV		

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.

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Participant Name: Sarah Howser	Date: 10620/08	
Signature: Ograh Q Tonda	_	One University Drive Camarillo, California 93012 Tel 805-437-8400 Fax 805-437-8424

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

Activity: CALMUN Fall co	nference, Buer	na Park, CA			
Activity Date(s) and Time(s): Oct 24-25,	2008; night	of Oct	24; 8am-5pm	Oct 25
Activity Location/Facility:	Knott's Berry	Farm Resort	Hotel,	Buena Park	, CA

In consideration for being allowed to partinize sue the State of California, the Trustees of State University, Channel Islands and their "University") from any and all claims, inc illness (including death) or economic loss 1 including any travel to and from the Activi

I am voluntarily participating in this Activi psychological injury, pain, suffering, illness which may occur from my participation in t other's actions, inactions, negligence, or fro Nonetheless, I assume all related risks, w Activity, including travel to and from the

lity and waive my right to n and operate California s (collectively for each mild afent for each mild afent in Fall US. ing in any physical injury, on in this Activity,

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Participant Name: Casey Peng Signature: May Man

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

Activity:	CALMUN F	all conf	erend	ce, Bue	na Par	k, CA							
Activity I	Date(s) an	d Time(s):	Oct	24-25,	2008;	night	of	Oct	24;	8am-5pm	Oct	25	
Activity I	Location/F	Facility: Kr	ott'	s Berry	Farm	Resort	Но	tel,	Bue	na Park,	CA		

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Participant Name: Amelia Gorman Date: 10/20	80
Signature: Aw Gau	One University Drive Camarillo, California 93012 Tel 805-437-8400 Fax 805-437-8424

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

Activity: CALMUN Fall conference, Buena Park, CA	
Activity Date(s) and Time(s): Oct 24-25, 2008; night of Oct 24; 8am-5pm Oct 25	
Knott's Berry Farm Pasort Hotel Buens Dark Ch	
Activity Location/Facility: Knott's Berry Farm Resort Hotel, Buena Park, CA	

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.

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Participant Name: Luis	Echevarria	Date:	10/20/08	
Signature: Luis	Echr		One University Drive Camarillo, California Tel 805-437-8400 Fax 805-437-8424	

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

Activity: CALMUN Fall conference, Buena Park, CA
Activity Date(s) and Time(s): Oct 24-25, 2008; night of Oct 24; 8am-5pm Oct 25
Activity Location/Facility: Knott's Berry Farm Resort Hotel, Buena Park, CA
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.
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Signature: One University Drive Camarillo, California 93012 Tel 805-437-8400

Fax 805-437-8424

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

Activity: CALMUN Fall conference, Buena Park, CA	
Activity Date(s) and Time(s): Oct 24-25, 2008; night of Oct 24; 8am-5pm Oc	t 25
Activity Location/Facility: Knott's Berry Farm Resort Hotel, Buena Park, Ca	Δ
Activity Location/Facility:	-

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.

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Participant Name: Megan Adams	Date: <u>10.20.08</u>	3
Signature: Adam		One University Drive Camarillo, California 93012 Tel 805-437-8400 Fax 805-437-8424

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

Activity:	CALMUN Fall	conferen	ce, Bue	na Par	k, CA					
Activity	Date(s) and Tin	ne(s): Oct	24-25,	2008;	night	of Oct	24;	8am-5pm	Oct	25
A ativity	Location/Facilit	Knott'	s Berry	Farm	Resort	Hotel,	Bue	na Park,	CA	
Activity	Location/Facilit	.y:			····			·····		

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Participant Name: Kyle Dewes	Date: 10-20-08
Signature:	One University Drive Camarillo, California 93012 Tel 805-437-8400 Fax 805-437-8424

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

Activity: CALMUN Fall conference,	Buena Par	k, CA					
Activity Date(s) and Time(s): Oct 24-2	25, 2008;	night	of Oct	24; 8a	m-5pm	Oct	25
Activity Date(s) and Time(s):							
Activity Location/Facility: Knott's Be	rry Farm	Resort	Hotel,	Buena	Park,	CA	

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Participant Name: Keris Scrallest Date: 192908

Signature:

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

Activity: CALMUN F	all conference	e, Bue	na Par	k, CA						_
Activity Date(s) and	d Time(s): Oct	24-25,	2008;	night	of Oct	24;	8am-5pm	Oct	25	_
Activity Location/F	acility: Knott's	Berry	Farm	Resort	Hotel,	Bue	na Park,	CA		

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Participant Name: The Date: 0/20/08

Signature: NOT OF TOTAL

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

Activity: CALMUN Fall conference, Buena Park, CA	
Activity Date(s) and Time(s): Oct 24-25, 2008; night of Oct 24; 8am-5pm Oct 25	
Activity Location/Facility: Knott's Berry Farm Resort Hotel, Buena Park, CA	_
Activity Location/Facility:	

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

Activity:	CALMUN	Fall co	nferen	ce, Bue	na Par	k, CA	****					
Δctivity	Date(s) a	and Time	(e): Oct	24-25,	2008;	night	of Oct	24;	8am-5pm	Oct	25	
Activity	<i>puic(3) a</i>		Knott'	s Berrv	r Farm	Resort	Hotel.	Bue	na Park,	CA		-
Activity	Location	/Facility:										

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Participant Name: Carlin Ewing Date: 10/20/08

Signature: Carlin Ewing One University Drive Camarillo, California : Tal 805.437.8400

Camarillo, California 93012 Tel 805-437-8400 Fax 805-437-8424

rax 600-437-6424

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

Activity	: CALMUN Fall co	nferen	ce, Bue	na Par	k, CA						
A otivity	Date(s) and Time	Oct	24-25,	2008;	night	of	Oct	24;	8am-5pm	Oct	25
Activity	Date(s) and Time	Knott!	e Parru	r Form	Podort	Цо	±01	Duo		<i>(</i> 17)	***
Activity	Location/Facility:	101000	a nerry	Palm	RESULL	. по	LEI,	bue	na Park,	CA	

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hstaedt Date: 10/20/08 Participant Name:

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

Fax 805-437-8424

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

Activity: CALMUN Fall conference, Buena Park, CA	
Activity Date(s) and Time(s): Oct 24-25, 2008; night of Oct 24; 8am-5pm Oct 25	
Activity Location/Facility: Knott's Berry Farm Resort Hotel, Buena Park, CA	_
Activity Location/Facility:	

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Participant Name: Dusty Russell Date: 10-20-08

Signature:

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Activity: CALMUN Fall conference, Buena Park, CA	
Activity Date(s) and Time(s): Oct 24-25, 2008; night of Oct 24; 8am-5pm O	ct 25
Activity Location/Facility: Knott's Berry Farm Resort Hotel, Buena Park,	CA
Activity Location/Facility:	

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Participant Name: Chelsee Bente Date: 10/20/08

Signature: Mule + States

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

Activity: —	ALMUN Fa	ll conf	eren	ce, Bue	na Par	k, CA							-	
Activity Da	ite(s) and	Time(s)	Oct:	24-25,	2008;	night	of	Oct	24;	8am	1-5pm	Oct	25	
Activity Lo	cation/Fa	acility: Ki	nott'	s Berry	Farm	Resort	Но	tel,	Bue	na	Park,	CA		

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terms.		
Participant Name: Sarah Houser	Date: 10/20/08	
Signature: Lanah Atous	_	One University Drive Camarillo, California 93012 Tel 805-437-8400 Fax 805-437-8424

Application Instructionally Related Activities Funds Request 2008-2009 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 <u>prior</u> 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 2008-2009 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.

Model UN events are academic conferences for students that provide students with a unique opportunity to develop an understanding of the complexity of specific issue-areas in global politics. Benefits for students include skill development in policy research, conflict analysis, thinking from different perspectives, negotiation, and public speaking. Students are also able to interact with a diverse range of students from around the region. These are all qualities that benefit any major, as well as more specifically related political science majors, communications majors and global studies minors. However, we plan to encourage interdisciplinarity in the team, and as part of the application and selection process will choose a team from across the curriculum. We now have a team and will open participation again in the fall. Students will be able to get credit in POLS 490.

This application is for funding to take students to two Model UN events in the fall in the southern California region: the CALMUN Anaheim-Disneyland Conference in late October and the American-West conference November 20-23. The budget below is estimated for fifteen students.

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.

This fall (2008) students from any major can take Model UN as a course by enrolling in POLS 490. Model UN is integrally related to POLS 329, International Law and Organizations, which is offered most academic years. In addition, the subject matter for all Model UN conferences is germane to POLS 103, Introduction to International Relations (offered every semester). Further, it is related to the subject matter in COMM 320, Persuasion & Argumentation, and COMM 430, Political Communication, which will be taught in Fall 2008.

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.

As noted, the primary educational goals for participation in Model UN are skill development in policy research, conflict analysis, thinking from different perspectives, negotiation, and public speaking. As part of a project in progress for publication, I (with two colleagues) have developed an instrument to assess the Model UN experience. This instrument will be used to survey students on how well the experiences match the goals established.

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

The main areas for which funding is needed are registration fees and hotel costs when relevant. Students will pay for their own transportation and food.

October conference:

Hotel fees: Delegates will need to stay one night because the conference begins in Anaheim at 7:00 am. Room price is approximately \$130.00 for four people; estimated need for six rooms to accommodate the male-female mix and the advisors.

--\$780.00

Registration fees: \$75.00 per student and advisors (earlybird fee)

--\$1275.00

November conference:

Hotel fees: This conference runs November 20-23; Estimated room price at \$130.00 per night (3 nights) for four people x 6 rooms (see above)

--\$2340.00

Registration fees: \$90.00 per student and advisors (earlybird fee); \$150 institution fee

--\$1680.00

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

The Center for Community Engagement requested a small amount of funding, but we will not know if that budget is funded until late summer.

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

<u>Signatures and Dates</u>

Judiak har Janut	11 March OS
Project Sponsor	Date
Eren	3-13-08
Program Chair/Director	Date
A-hVaiga	3-17-08
Dean	

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Dean's Office

Application Instructionally Related Activities Funds Request 2008-2009 Academic Year

ACTIVITY BUDGET FOR 2008-2009

1. Operating Expense Budget	
A. Supplies	24
B. Vendor Printing	
C. In-State Travel	Hotel fees \$3120
D. Out-of-State Travel	
E. Equipment Rental	
F. Equipment Purchase	
G. Contracts/Independent Contract	rors
H. Honorarium	
I. OPC Chargeback	
J. Copier Chargeback	
K. Other (Please Specify)	Registration fees \$2955
TOTAL Expenses	\$6075.00

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	\$6075
Total Revenue	\$6075