

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 follow	ing apply to your IRA.
Equipment Purchase Event IT Requirements International Travel	X Field Trip Participant data collection for public dissemination, i.e. interviews/surveys that result is a journal/poster session/newsletter Risk Management Consultation X Late Submission (Passed Deadlines: Fall 3/15, Spring 10/15)
Previously Funded: YES X NO	Yes, Request #

Does your proposal require IRB (Institutional Review Board) approval: Yes XNo

Assessment submitted for previously Funded Activity: YES XNO

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)



OCT 14 7009
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 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: 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 Event IT Requirements International Travel Space/OPC Requirements Infrastructure/Remodel Other Spring 10/15) x Field Trip Participant data collection for public dissemination, i.e. interviews/surveys that result is a journal/poster session/newsletter Risk Management Consultation Late Submission (Passed Deadlines: Fall 3/15, Spring 10/15)
Previously Funded: X YES NO Yes, Request # _245
Does your proposal require IRB (Institutional Review Board) approval: X Yes No IRB approval # 105078 Assessment submitted for previously Funded Activity: X YES NO
Academic Program or Center Name and Budget Code: Psychology Date of Submission: October 15, 2009 Amount Requested: 92100.00 (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.

 $\label{lem:space-operator} \textbf{Space-OPC Requirements, Infrastructure/Remodel-} \\ \textbf{Requires proof of correspondence} \\ \textbf{with OPC Administration} \; .$

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 Arroject Sponsor Date Hury Ball Program Chair/Director Date 10/22/09 Date 10/21/09 Dean

2009-2010 Academic Year

<u>Application</u> <u>Instructionally Related Activities Funds Request</u>

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 Contracto	ors
H. Honorarium	
I. OPC Chargeback	
J. Copier Chargeback	
K. Other (Please Specify)	
TOTAL Expenses	5514.00

2. Revenue A. Course Fees	
B. Ticket SalesC. 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

State of California—Department of Health Services

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 m	ust be completed by the requesting state agency before forward	rding to the payee	
PLEASE RETURN TO:	PARTMENT/OFFICE CSU Channel Islands REET ADDRESS One University Drive TY, STATE, ZIP CODE CAMARIIIO, CA 93012 LEPHONE NUMBER 305) 437-8400	PURPOSE: Information contabe used by state agencies to Returns (Form 1099) and payments to nonresident vendo this fully completed form will processing payments. (See Privacy Statement)	prepare Information for withholding on ors. Prompt return of prevent delays when
1 4 1	BUSINESS NAME AStrane Alexandra Och	Λα	
150			
MAILING	DT Magnolia Blvd 2917 ADDRESS (Number) ADDRESS (Number)		
	tollywood, CA 2601		
(CITY, S	ATE, and ZIP CODE)		
[3]	CHECK ONE BOX ONLY		
PAYEE ENTITY INFORMATION	LEGAL CORPORATION MEDICAL CORPORATION EXEMPT CORPORATION (Non-profit)	PARTNERSHIP ESTATE OR TRUST	NOTE: State and local governmental entities, including school districts are not required to
	ALL OTHER CORPORATIONS FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN)		submit this form.
	INDIVIDUAL SOLE PROPRIETOR SOCIAL SECURITY NUMBER OWNER'S FULL	I NAME	NOTE: Payment will not be processed without an accompanying taxpayer I.D. number.
4	CHECK APPROPRIATE BOX(ES)		NOTE:
PAYEE RESIDENCY STATUS	California Resident - Qualified to do business in CA o business in CA. Nonresident (See Page 2). Payments for services by to state withholding.		a. An estate is a resident if decedent was a California resident at time of death.
	WAIVER OF STATE WITHHOLDING FROM FRANCH SERVICES PERFORMED OUTSIDE OF CALIFORNIA		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 is true and correct. If my residency status should	information provided on this docu d change. I will promptly inform y	ıment ou.
CERTIFYING SIGNATURE	AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)	TITLE Student	
	SIGNATURE CLITT	1	PHONE NUMBER 8) 321-4L07

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 Student Member	\$36.00
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Sessions

Christiane Ochoa

O5/27/2010 8:00
AM

APS Convention Registration - Student

APS Convention Registration - Student

APS Convention Registration - Student

Order Summaries

Date	Туре	Amt Ordered	Amt Paid	Amt Due
03/16/2010 5:08 PM or	nline 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		CO	ACH CLASS	
	AR: BOSTON	816A			28 MAY
	ARRIVAL TERMINAL-C				
	RESERVED SEATS	9D			MILES- 2611
	ELAPSED TIME- 5:18	EQUIP-A	IRBUS A320 J	ET	
30 MAY	10 SUNDAY				
AIR	LV: BOSTON	740P	JETBLUE	FLT: 483	NONSTOP
	DEPART TERMINAL- C		SP	ECIAL CL	
	AR: LOS ANGELES	1102P			
	ARRIVAL TERMINAL-6				
	RESERVED SEATS	16C			MILES- 2611
	ELAPSED TIME- 6:22	EQUIP-A	AIRBUS A320 J	ET	

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: Chiastiana Och no Date: 3/11/15

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

AIR TRAVEL NOTIFICATION FORM

	Dear Mistane Dana, (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.
_	Dv. Bestive DeOca Faculty Name (Please Print) Faculty Signature
	RELEASE AND HOLD-HARMLESS STATEMENT
	I, Christian Doha, 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 ndirectly 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 Christians Ochoa 3/16/16
	Print Name Print Name Print Name Date
	Street Address
	North Halywood City State Aug Zip Code



Revolutionary Science

22nd Annual Convention Boston May 27-30, 2010



THEME PROGRAMS

INVITED TALKS

OVERVIEW

Keynote Address

HOTEL EXHIBITS

Visual Search Gets Real:

From the Lab to the Airport to the Radiology Stitle Tions

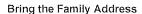
Jeremy M. Wolfe Harvard Medical School and Brigham and Women's Hospital

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





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



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

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

Special Event



Inside the Psychologist's Studio

Linda Bartoshuk University of Florida

Interview by Carol Tavris

APS Award Addresses



Functional
Architecture of
Face
Processing in
the Primate
Brain

Leslie G. Ungerleider, National Institute of Mental Health



Improving the
Lives of
Employees
Through Goal
Setting

Gary P. Latham, University of Toronto, Canada



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



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 ③

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



PECEMED OCT 14 2009 Dean's Office

http://www.csucieau/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 program units. Challs will the textinence and out of terms to the Dean's Office for review and authorization. The Dean's Citize will then forward them to the IRA Committee for consideration.

Activity Title Attention: The role of threat and importance; Engent honorers and (importance), Beatrice M. de Oca/ X8992. At a hydrent buters. May 27 - May 30 2010. Date for any beatries by March 20, 2010 (this will allow students to register before the March 31 feed that for Itans, Brail registrations which could least.

**Registration for Earl Real role to surface that you will be confided at timeling availability will be early June 2008 and for Suring Respects early June 2009.

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

Every Control of the Control of the

Previous Funded X 14.5 Into I not Request # 245

IRB approval # 105078

now approval in teach of the committees for the state of the state of

Academic Program or Contel Name and Endage Code

Psychology Frate of tubmission October 15, 2009

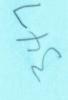
October 15, 2009 Amount Requesters 1909 or some 40

Fice atea to copier of tradents Participating, 3

BY THE TIME FLINDS WERE AVAILABLE THE PLICATE COST STIFTS IN \$ \$500-\$100.]

	-													Paid	Flight										
														Paid	Shuttle		47.14		47.14		47.14		47.14		
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1 1050 Patient of \$1.050	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1710 W. Hillcrest Dr. # 198	Newbury Park, CA 91320	390 Westpark Ct. #103	Camarillo, CA 93012	1102 Monte Sereno Dr.	Thousand Oaks, CA 91360	256 W. Robert Ave.	Oxnard, CA 93030	4212 F. Los Angeles Ave. #4362	Simi Valley. CA 93063	2251 Portola Lane	Westlake Village, CA 91361			Address	746 Lynnmere Dr.	Thousand Oaks, CA 91360	1145 Regents St.	Lancaster, CA 93534	460 Paseo Camarillo Apt. 207	Camarillo CA 93010	2042 lose Ave.	Camarillo CA 93010	
	. Unable to	Pavlina		Tina		Rlair		Stenhanie		Hoother		Allicon					Gabriella		John Rex		Caco	2000	Mothbow	Mathiew	
	Did not attend	Bramson P		Brenner			Cully	00000			nnol		Weisi			fact Name	Earach		inoparici		000000	LOCKWOOD	1	Lysak	

7800	2450	352	44	889.17	2621.46	6356.63	1443.37
Total Funded	Registration	Shuttle 1	Shuttle 2	Hotel	Flight	Total Spent	Left Over



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reserves the right to refuse service to anyone at any time before or durin	IG a frin if his or her conduct is judged demi-				
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APPROVED FOR PAYMENT

BY Howling San

DATE 4/19/10

ACCT 606002 - TK9/0-735 - 90298

APPROVED FOR PAYMENT BY House Salvant DATE 4/19/10 ACCT 606002 - 60901 - 735

CONTRACT/PO_

PARTIAL PAYMENT DIPAYMENT IN FULL

2/6



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

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Roadrunner Shuttle

'Transportation you can count on' 240 S, Glenn Dr, Camarillo, CA 93010 Call (805) 389 8196 Visit www.rrshuttle.com

5:28 pm 5/17/10 Page No: Page 1 of 2

Received CSUCI Accounting

Invoice No:

3933 Invoice Date: 05/11/2010

2010 HAY 19 P 12: 22 Due Date : 05/21/2010

Term:

Net 10 Day (s)

CSUCI - MAIN ACCOUNT

ONE UNIVERSITY DRIVE CAMARILLO CA 93012

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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 For pick-up, after you claim your paggage from the paggage 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 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 your paggage 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 paggage claim. The cancellation policy for Door-to-Door Ribeshale services, rown Cars/Express Service and Exclusive vans requires o nours advance for 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 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 the control of the cont notice. Limousines, iviinibuses and Limo buses require a 72 nours notice. Retunds will be issued only it cancellations are made 8 hours in ad Door-to-Door rideshare services, Town Cars/Express Service and Exclusive Vans and 72 hours for Limousines, Minibuses and Limo buses. Door-to-Door naeshare services, Town Caracaptess Service and Exclusive vans and 12 hours to Eli Since the baggage is never removed from the passenger's presence, a passenger's baggage remains, Since the baggage is hever 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 at all unles, the responsibility of the passenger. Flight changes of 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)

inder 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 6-1 of the trip NO SMOKING IN THE VANS Prices are subject to change Descenders

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 TO: Account Fund Dept. Program Class Project Amount 660009 TK910 735 90298 2,450.0 CHANGE: (Please explain and attach supporting documentation such as PropleSoft reports which include voucher number information.) Che 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 Hally Amount Date 3/23/10 Authorized by Hally Amount Date 3/23/10 Date 3/23/10 Date 3/23/10 Date 3/23/10 Date 3/23/10 Date 3/23/10	HANGE FRO	- Fund	- Dept.		Program	1-1	Class	7-	Project		Amount
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DEPARTMENT EXPENSES
Journal ID
APA0029740 Date Account 2/24/10 660009 735 GD935 Dept Fund: Amount Ref 2450.000 00056361 Conference Fee for NCUR Line Descr

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

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

ere's the program name		Dept	Program	Amount
	Fund	Debr	1 Tog.	
Program Name	TK910	735	90296	3,700.00
Flow Research Group Conference Presentation Mariposa Evolucionando Research Group Conference	TK910	735	90297	3,700.00
Presentation	TK910	735	90298	7,800.00
National Conference on Undergraduate Research	TK910	730	90299	450.00
A Night of Creative Non-Fiction with Ana Maria Spagna		.,	1.1 o- o- t 1.1	in interoffice

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 PAY	ABLE TO:				ndor ID: 6136 ors must complete a Fo	orm 204
Name: The Un	iversity of Mor	itana	2		_	
Address 1: Cont				heck Instruction Mail to paye	ee	
Address 2: <u>32 Ca</u>	ampus Drive				t Cashier - Ext <u>8835</u> ments with check – in	
City, State Zip:	Missoula, MT 5	9812			ppear on reports (30 c	characters)
Amount: \$ 245	50.00	*Check will only l			cation before being	mailed out.
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*Accounting Use	Only **Ham	oton Inn/Country In	n/Courtyard Marri	ott		
DESCRIPTION AND	D/OR EXPLA	NATION OF P	AYMENT:			
Conference for \$175.00 per s	ees for 14 stud tudent. Studer	ents attending N at List is attached	CUR 2010 in T l.	he Universi	ty of Montana. Ea	ch fee is at
ACCOUNTING & A	PPROVAL:					
	•				Project/Grant**	Amount
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1				,	Total	\$2,450.00
Requestor: Jeriles Printe Approver: +a	4xx,6xx,9xx request Petralba / 88 and Name & External Ext	18997	Signal Signal	ture)	& Admin.	2/24/16 Date 7/24/10 Date
Approver: (If required) Print	ed Name & Exter	nsion	Sign	ature		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

- o Oral Presentations
- Poster Presentations
- o Performing Arts
- o Visual Arts Presentations
- Graduate and Professional School Fair
 - o Advertising
- Travel Information
 - o About Missoula
 - o Accommodation
 - o Travel/Transportation
 - Hotel Shuttle Information
- General Information
 - o NCUR Website
 - o 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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A to Z Index Directory Text Only

SEARCH UM

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- Current Students
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 - Submit an Abstract
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- Conference Information
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 - Payment Information
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 - Schedule
 - Kyi-Yo Pow Wow
 - Volunteer for NCUR
 - o UM Faculty/Staff Information
- Session Guidelines
 - o 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.

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Rev. E (01/10)

TRAVEL EXPENSE CLAIM (TEC)

Must be submitted within 30 days of the end of travel

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		Gabriela Farach HEADQUARTERS CITY/STATE/ZIP			746 Lynnmere Drive				Thousand Oaks, CA 91360						
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AIR TRAVEL NOTIFICATION FORM

Dear Gabriela Farach (Student's Name)					
You are currently participating in a California State University-affiliated program which requires air trav	el.				
Air travel involves risks and could result in damage to property, injury to persons, and death. Please b State University assumes no liability for damage, injury, and death which may occur during air travel re University-affiliate programs. Your participation in the program is voluntary, and you participate at your	equired by the California State				
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 Kimny Kee - Rose D. Faculty Name (Please Print) Faculty Signature					
ractify Name (Please Print)	siggatuie				
RELEASE AND HOLD-HARMLESS STATEMENT					
I, Gabrela Farach, am a student at California State University, Channel Islands, California State university (CSU).	one of the campuses of the				
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, a	and all other persons who				
may claim through me.					
Student Signature Gabriela Farach Print Name	3-5-10 Date				
1 THE LYMMETE DC. Street Address	The state of the s				
Thousand Ocks California State	91360 ZipCode				

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

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.

- Students should have an understanding of the complexity of cultural
- 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:

Estimated Cost of Trip for 15 Students: (15 students x \$315.00/person)	\$ 4,725.00
Roundtrip Airfare (15 students x \$315.00/person) Roundtrip Shuttle Transportation between Hotel and Airport Roundtrip Shuttle Transportation between Hotel and Airport (15 students x \$30.00/person) Conference Registration (15 students x \$175.00/person) *Hotel in Montana (8 rooms @\$160.00/room/night for 4 nights) *Meals (15 students x \$25.00/day/person for 5 days)	\$ 450.00 \$ 2,625.00 \$ 5,120.00 \$ 1,875.00
	4,795.00

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

^{*}Students will pay for their own accommodations and meals.

ACTIVITY BUDGET FOR 2009-2010

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

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TRAVEL EXPENSE CLAIM (TEC)

Must be submitted within 30 days of the end of travel

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04-17-10

Allison Oleary 1 University Dr Camarillo California Camarillo, CA 93012 US

Folio No.

: 55220

: Leisure Travel

Room No. : 407

A/R Number

Arrival

: 04-14-10

Group Code Company

Conf. No. :

Departure : 04-17-10

Membership No.:

Rate Code: ILCOR

62033273

Invoice No.

Page No. : 1 of 1

Date	Description	Charges	Credits
04-14-10	*Accommodation	69.00	
04-14-10	Lodging Tax	4.83	
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Guest Signature:

I have received the goods and / or services in the amount shown heron. I agree that my liablity 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: Sent:

Allegiant Air [no-reply@allegiantair.com] Friday, March 05, 2010 12:32 PM

To:

Villalobos, Bianca (Student)

Subject:

AllegiantAir.com - Itinerary #7017609

Customer Informatio	ń					
Customer Name:	BIANC	CA VILLALOBOS	Customer ID:	3872975	Book Date:	3/5/2010
Flight						
Leg Date 1A Wed, Apr 14 2A Sat, Apr 17	Flight 350 351	Depart LOS ANGELES,CA (LAX) MISSOULA,MT (MSO)	Time 01:15 pm 05:30 pm	Arrive MISSOULA,N LOS ANGELE		Time 04:40 pm 07:00 pm
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CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS

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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

AGREEMENT TOTAL CERTIFIES	
Activity: 24th National Conference on Undergraduate Research	
Activity: Activity Date(s) and Time(s): Activity Location/Facility: Missoula, Montana Activity Location/Facility:	
In consideration for being allowed to participate in this Activity, I release from liable sue the State of California, the Trustees of the California State University, which or State University, Channel Islands and their employees, officers, volunteers and age: "University") from any and all claims, including the University's negligence, resultiness (including death) or economic loss that I may suffer because of my participation including any travel to and from the Activity.	wn and operate California nts (collectively liting in any physical injury,
I am voluntarily participating in this Activity. I understand that there are risks, such psychological injury, pain, suffering, illness, disfigurement, temporary or permaner which may occur from my participation in this Activity. These injuries or outcomes other's actions, inactions, negligence, or from the condition of the Activity location Nonetheless, I assume all related risks, whether known or unknown to me, of a Activity, including travel to and from the Activity.	at disability or even death, s may arise from my own or (s) or facility(ies).
I agree to hold the University harmless from any and all claims, loss or damage liabilities and costs, including attorney's fees, as a result of my participation in the to and from the Activity. If the University incurs any of these types of expenses, I at University.	his Activity, including travel
If I need medical treatment, the University is authorized to obtain medical treatment responsible for any costs of such treatment. I agree that I will not hold the University from any medical treatment. I am aware that the University does not provand I should carry my own health insurance.	ity responsible for any claims
I am 18 years or older. I have read this document, and I am signing it freely. I und consequences of signing this document, including (a) releasing the University of my right to sue the University, (c) and assumption of all risks of participatitravel to and from the Activity.	from all liability, (b) waiver
I understand that this document is written to be as broad and inclusive as legally portion. I agree that if any portion is held invalid or unenforceable, I will continue remaining terms.	ermitted by the State of nue to be bound by the
Participant Name: Bianca Villalobos Date: 3/1/10	
Signature: Branca Willalobot	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:

X Field Trip Equipment Purchase

Participant data collection for public Event dissemination, i.e. interviews/surveys that IT Requirements

result is a journal/poster session/newsletter International Travel

Risk Management Consultation Space/OPC Requirements

X Late Submission (Passed Deadlines: Fall 3/15, Infrastructure/Remodel

Spring 10/15) **X**Other Attend national

conference on undergraduate research (NCUR) to present results of empirical studies

Yes, Request # _____ Previously Funded: YES XNO

Does your proposal require IRB (Institutional Review Board) approval: Yes XNo

Assessment submitted for previously Funded Activity: YES XNO

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)

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.

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- 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.

<u>Signatures and Dates</u>	
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Project Sponsor	Date
Howling Bake	92/01/2010 Date
Program Chair/Director	a la la
A'h You olyn	270/13

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TRAVEL EXPENSE CLAIM (TEC)

Must be submitted within 30 days of the end of travel

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Rex Jalandoni <rexjal@gmail.com>

AllegiantAir.com - Itinerary #7122652

1 message

Allegiant Air <no-reply@allegiantair.com>

Reply-To: no-reply@allegiantair.com

To: rexjal@gmail.com

Fri, Mar 19, 2010 at 5:56 PM

CONFIRMATION #7122652

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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 • Pornona • 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.
Activity Date(s) and Time(s): April 14-18, 2010
Activity Location/Facility: Missoula, Montana
Activity Eccanomia activity.

In consideration for being allowed to participate in this Activity, Irelease 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 Jauridin Date: 03/104/15

Signature: Johnson: Jalanesan:

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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Infrastructure/Remodel X Late Submission (Passed Deadlines: Fall 3/15,

XOther Attendinational Spring 10/15)

conference on undergraduate research (NCUR) to present results of empirical studies

Previously Funded: YES XNO Yes, Request #_____

Does your proposal require IRB (Institutional Review Board) approval: Yes XNo

Assessment submitted for previously Funded Activity: YES XNO

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)

Requirements and Signatures

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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 Sponson	Date
1/2. Par Bah	Date Date
Program Chair/Director	2/2/10
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TRAVEL EXPENSE CLAIM (TEC)

Must be submitted within 30 days of the end of travel

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Rev. E (01/10)

AIR TRAVEL NOTIFICATION FORM

Dear Allison O'leavy, (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. Kinny Kee-Roxe Ph.D. Faculty Name (Please Print) Faculty Signature
RELEASE AND HOLD-HARMLESS STATEMENT
I, PUISON O'LLAND, 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, 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.
Allson K. O'llary 03-05-10 Structure Signature Print Name Date 18238 Rancho St. Street Address
T. O. C. T.

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

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.

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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).

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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) Conference Registration (15 students x \$175.00/person) *Hotel in Montana (8 rooms @\$160.00/room/night for 4 nights) *Meals (15 students x \$25.00/day/person for 5 days)	\$ 450.00 \$ 2,625.00 \$ 5,120.00 \$ 1,875.00

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

^{*}Students will pay for their own accommodations and meals.

ACTIVITY BUDGET FOR 2009-2010

1. Oper	rating Expense Budget	
	A. Supplies	
	B. Vendor Printing	
	C. In-State Travel	\$450.00
	D. Out-of-State Travel	\$4,725.00
	E. Equipment Rental	
	F. Equipment Purchase	
	G. Contracts/Independent Contrac	tors
	H. Honorarium	
	I. OPC Chargeback	
	J. Copier Chargeback	
	K. Other (Conference Registration)	\$2,625.00
	TOTAL Expenses	\$7,800.00
2. Reve	enue	
	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	\$7,800.00
	Total Revenue	\$7,800,00

TRAVEL EXPENSE CLAIM (TEC)

Must be submitted within 30 days of the end of travel

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AIR TRAVEL NOTIFICATION FORM

Dear Vana Lockwood (Student's Name)		
You are currently participating in a California State	University-affiliated program which requires air tra	ivel.
Air travel involves risks and could result in damag State University assumes no liability for damage, in University-affiliate programs. Your participation in	ijury, and death which may occur during air travel	required by the California State
Prior to undertaking CSU-affiliated air trav	rel, you will be required to sign the below "	Release and Hold-
Harmless Statement." Please review the st	ose Ph.D.	y Signature
Faculty Name (Please Print)	Pacen	y Signature
RELEASE AN	D HOLD-HARMLESS STATEMEN	т
I, Lochus am a studer California State university (CSU).	nt at California State University, Channel Islands	s, one of the campuses of the
I am/will be participating in a CSU-affiliated prooffered by, or pursuant to a program of, the Calif body organization, or any organization affiliated withis program is voluntary.	ornia State University, any campus of the Californ	ia State University, any student
I have been informed, and I know, that 1) air travel and 2) the CSU assumes no liability for damage, agree to participate in the program, and the air trav	injury, or death occurring on such travel. With thi	rty, injury to persons, and death; is knowledge and information, I
each and every officer, employee, volunteer and a	, the California State University, California State Ugent of each of them, from any and all claims and on of any accident, illness, injury, death, or other compared on the configuration of the confi	causes of action that I may have onsequences resulting directly or
This release and hold-harmless shall also be	be binding on my heirs, assigns, successors,	and all other persons who
may claim through me.		
	Dana Lochwood	3/5/10
Student Signature 460 Vices Camarillo Art	Print Name	Date
1 all	Street Address	93011)
City	State	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

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

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PSY 497 (Directed Study in Psychology)

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	A. Supplies	
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	C. In-State Travel	\$450.00
	D. Out-of-State Travel	\$4,725.00
	E. Equipment Rental	
	F. Equipment Purchase	
	G. Contracts/Independent Contrac	tors
	H. Honorarium	
	I. OPC Chargeback	
	J. Copier Chargeback	
	K. Other (Conference Registration)	\$2,625.00
	TOTAL Expenses	\$7,800.00
2. Rev		
	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	\$7,800.00
	Total Revenue	\$7,800.00

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TRAVEL EXPENSE CLAIM (TEC)

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DI IDDOCE OF TRIP	REMARKS AND	DETAILS: Attach origina	al receipts to 8.5" X 11	" paper and submit with	1		\$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.

Student Traveller - IRA Fund PRIVATE VEHICLE LICENSE MILEAGE RATE CLAIMED 0.500

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.

and seat belt usage. CLAIMANT'S PRINTED NAME JEWHER S. MOONAW	CLAIMANT'S SIGNATURE MON	DATE 5/4/10
MANAGER'S PRINTED NAME		DATE
DIVISION APPROVAL PRINTED NAME (VP OR DESIGNEE)-II required	DIVISION APPROVAL SIGNATURE	DATE

Rev. E (01/10)

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.

	mental Entities, federal, state, and local (including solid					
SECTION 1 mu 1	St be completed by the requesting state agency before forwartment/office SU Channel Islands SEET ADDRESS THE University Drive Y, STATE, ZIP CODE TAMARILLO, CA 93012 SEPHONE NUMBER SOS) 437-8400 SEUSINESS NAME SUNIFER M CDONALD					
MAILING	ADDRESS (Number and Street or P.O. Box Number) CAMINO RUIZ #20 ATE, and ZIP CODE) UMU UO, CA 93012					
PAYEE ENTITY INFORMATION	CHECK ONE BOX ONLY LEGAL CORPORATION MEDICAL CORPORATION EXEMPT CORPORATION (Non-profit) ALL OTHER CORPORATIONS	PARTNERSHIP ESTATE OR TRUST	NOTE: State and local governmental entities, including school districts are not required to submit this form.			
	FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN)	FULL NAME NALFER M COONSYD	NOTE: Payment will not be processed without an accompanying taxpayer I.D. number.			
PAYEE RESIDENCY	CHECK APPROPRIATE BOX(ES) California Resident - Qualified to do business in C business in CA.	NOTE: a. An estate is a resident if decedent was a California resident at time of death.				
STATUS	to state withholding. WAIVER OF STATE WITHHOLDING FROM FRAM SERVICES PERFORMED OUTSIDE OF CALIFOR	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 is true and correct. If my residency status shauthorized payer representative's NAME (Type or Print)	the information provided on this hould change, I will promptly info	document rm you.			
CERTIFYING SIGNATURE	SIGNATURE MCDUNALD MCDONALD	57UDEAT 5/4/10	TELEPHONE NUMBER 805-437-6102			
	CUIV T	4				

CONFIRMATION #7212413

HERE IS A COPY OF YOUR ITHERARY, PLEASE USE THE CONFIRMATION NUMBER FOR 24-HOUR ABVANCE CHECK-III.

1 Customer information

Book Date: 4/2/2010 Customer ID: 3958267 JENNIFER MCDONALD Customer Name:

2 Flic	ht					T
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Checked Bags Seat Flight 351 Seat Flight 350 # Passengers Unassigned Unassigned 1 MCDONALD, JENNIFER

3 Payment

PAID:

BALANCE DUE:

AIRFARE: SEGMENT FEES: PFC:	\$239.98 \$7.40 \$9.00	Your reservation is complete. Click here to claim your \$20.00 Cash Back Incentive on your next Allegiant Air reservation!
911 SECURITY:	\$5.00 \$14.00	Continue
CONVENIENCE FEE:	\$14.00	

Click and claim your incentive from Webloyalty when you join their service. Terms and conditions apply. \$275.38 TOTAL:

(VI 0644) \$275.38

\$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.

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 MCDOWN (Student's Name)	ALD,	
You are currently participating in a California S		requires air travel.
Air travel involves risks and could result in dar State University assumes no liability for damag University-affiliate programs. Your participation	mage to property, injury to persons, and ce, injury, and death which may occur dur	leath. Please be informed that the California ing air travel required by the California State
Prior to undertaking CSU-affiliated air t	ravel, you will be required to sign	the below "Release and Hold-
Harmless Statement." Please review the	e statement carefully before signing	
	AND HOLD-HARMLESS STA	
I, JENNIFER MCDONAL Dam a stu- California State university (CSU).	dent at California State University, Cha	annel Islands, one of the campuses of the
I am/will be participating in a CSU-affiliated offered by, or pursuant to a program of, the Ca body organization, or any organization affiliate this program is voluntary.	difornia State University, any campus of	the California State University any student
I have been informed, and I know, that 1) air travand 2) the CSU assumes no liability for damage agree to participate in the program, and the air travaller to participate in the program, and the air travaller travall	e, injury, or death occurring on such trav	age to property, injury to persons, and death; rel. With this knowledge and information, I
I release and hold harmless the state of Californ each and every officer, employee, volunteer and against any of these institutions or persons, by re indirectly from or in any manner arising out participation in the CSU-affiliated program.	agent of each of them, from any and all	claims and causes of action that I may have
This release and hold-harmless shall also	be binding on my heirs, assigns, so	uccessors, and all other persons who
may claim through me.		
Jennife J. Mygnald Student Signature 130 ASH AVE #8	JENNIFER S. M. COONIA (Print Name	$\frac{3}{5}i0$ Date
	Street Address	
CARPINTERIA	CA	93013
City	State	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 • Secramento • 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	7
Activity Date(s) and Time(s):	2
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: JEUNIFER MCDONALD Date: 3/5/10

Signature: Jennifer & Malanald

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



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

X Field Trip

Event

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

International Travel

IT Requirements

Risk Management Consultation

Space/OPC Requirements Infrastructure/Remodel

X Late Submission (Passed Deadlines: Falt 3/15,

XOther <u>Attendinational</u>

Spring 10/15)

conference on undergraduate research (NCUR) to present results of empirical studies

Previously Funded: YES XNO

Yes, Request # _____

Does your proposal require IRB (Institutional Review Board) approval: Yes XNo

Assessment submitted for previously Funded Activity: YES XNO

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)

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.

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	4 1/1 20100
(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.

<u>Signatures and Dates</u>	
	02/01/2010
Project Splonson	Date
Howling Bake	Ø2/01/2010s
Program Chair/Director	Date
A-h Yai dy	2/2/10
Dean	

ACTIVITY BUDGET FOR 2009-2010

Operating Expense Budget	
A. Supplies	
B. Vendor Printing	
C. In-State Travel	\$450.00
D. Out-of-State Travel	\$4,725.00
E. Equipment Rental	
F. Equipment Purchase	
G. Contracts/Independent Contrac	tors
H. Honorarium	
I. OPC Chargeback	
J. Copier Chargeback	
K. Other (Conference Registration)	\$2,625.00
TOTAL Expenses	\$7,800.00
2. Revenue	ā.
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	\$7,800.00
Total Revenue	\$7,800.00

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TRAVEL EXPENSE CLAIM (TEC)

Must be submitted within 30 days of the end of travel

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104

04-17-10

Stephanie Serna

Folio No.

: 55219

Room No.: 108

A/R Number

: 04-14-10

US

: NUC

Arrival

Departure : 04-17-10

Group Code Company

: Cal State

Conf. No. :

62244871

Membership No. :

Rate Code:

Invoice No.

Page No. : 1 of 1

Date		Description		Charges	Credits
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04-16-10	*Accommodation			139.00	
04-16-10	Lodging Tax			9.73	223.10
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I have received the goods and / or services in the amount shown heron. I agree that my liablity 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

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Accounts Overview Account Details My Portfolio Alerts Open an Account

MATTHEW LYSAK - Personal Accounts

Protect your accounts and information, visit the Security Center

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

I want to	Bank Accounts				
Get the latest information about Online Banking Issue	Account Balance ^a				
updates	Automobile Club of Southern	\$502.34 Vie			
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Change my card address	My Portfolio [®] »				
Stop receiving paper statements	You can view and manage all your accounts - even those from other banks a institutions - in one place with My Portfolio. Visit My Portfolio today to simplif				
Request a balance transfer	manage your money.				
Protect my card with ShopSafe	Banc of America Online Investing, Powered by Merrill Lynch				
Manage my card alerts					

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Request a balance transfer.

Research your money matters»

Find the best ways to achieve your financial goals.

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Account Services	Your Profile				
Add or change account nicknames	Update street address and/or phone				
Order foreign currency	number				
View/print statements	Update email address				
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▼ Communication Center

Mail

Alerts

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Help Center

Help
Locations

Contact us

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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. For Credit Card, Gold Option and Gold Reserve accounts, the balance may not reflect recent transactions or pending payments.

Secure Area

Announcements

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Google Chrome internet

Online Banking.

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browser is now supported by

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

Activity: 24th National Conference on Undergraduate Research
Access 14.10 2010
Activity Date(s) and Time(s): April 14-18, 2010
Activity Location/Facility: Missoula, Montana
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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.

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: MAHNEW LYNG 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 X Field Trip

Event Participant data collection for public

IT Requirements dissemination, i.e. interviews/surveys that International Travel result is a journal/poster session/newsletter

Space/OPC Requirements

Risk Management Consultation

Infrastructure/Remodel X Late Submission (Passed Deadlines: Fall 3/15,

XOther Attend national Spring 10/15)

conference on undergraduate research (NCUR) to present results of empirical studies

Yes, Request # _____

Does your proposal require IRB (Institutional Review Board) approval:

Assessment submitted for previously Funded Activity: YES XNO

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

Date of Submission: February 1, 2010

Previously Funded: YES XNO

Amount Requested:

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

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.

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Signatures and Dates	
$\Lambda_{\alpha}\Lambda_{\alpha}$	02/01/2010
Project Sponso	Date
Howling Bahr	92/01/2010 Date
Program Chair/Director	Date
A-h Yai dyn	2/2/10
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TRAVEL EXPENSE CLAIM (TEC)

Must be submitted within 30 days of the end of travel

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Must be subn	nitted wi
← Applicant	€ Vo

Volunteer C Non-Employee

C Student (waiver on file)

TRAVELER'S NAME Heidi Wolf					RESIDENCE ADDRESS CITY/STATE/ZIP CODE						,#** · ·				
							509 Raindance St.				Thousand Oaks, CA 91360				
			HEADQUARTERS CITY/STATE/ZIP			TRAVELER'S PHONE NO. DEPA			DEPAR	RTMENT POSITION)N	DATE PREPARED		
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HOTEL & SUITES

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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	
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I have received the goods and / or services in the amount shown heron. I agree that my liablity 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
Annil 14-18 2010
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: Heldl Wolf Date: 3/5/10

Signature: text with

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 X Field Trip

Event Participant data collection for public

IT Requirements dissemination, i.e. interviews/surveys that International Travel result is a journal/poster session/newsletter

Space/OPC Requirements Risk Management Consultation

Infrastructure/Remodel X Late Submission (Passed Deadlines: Fall 3/15,

XOther Attendinational Spring 10/15)

conference on undergraduate research (NCUR) to present results of empirical studies

Previously Funded: YES XNO Yes, Request # _____

Does your proposal require IRB (Institutional Review Board) approval: Yes XNo

Assessment submitted for previously Funded Activity: YES XNO

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)

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.

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