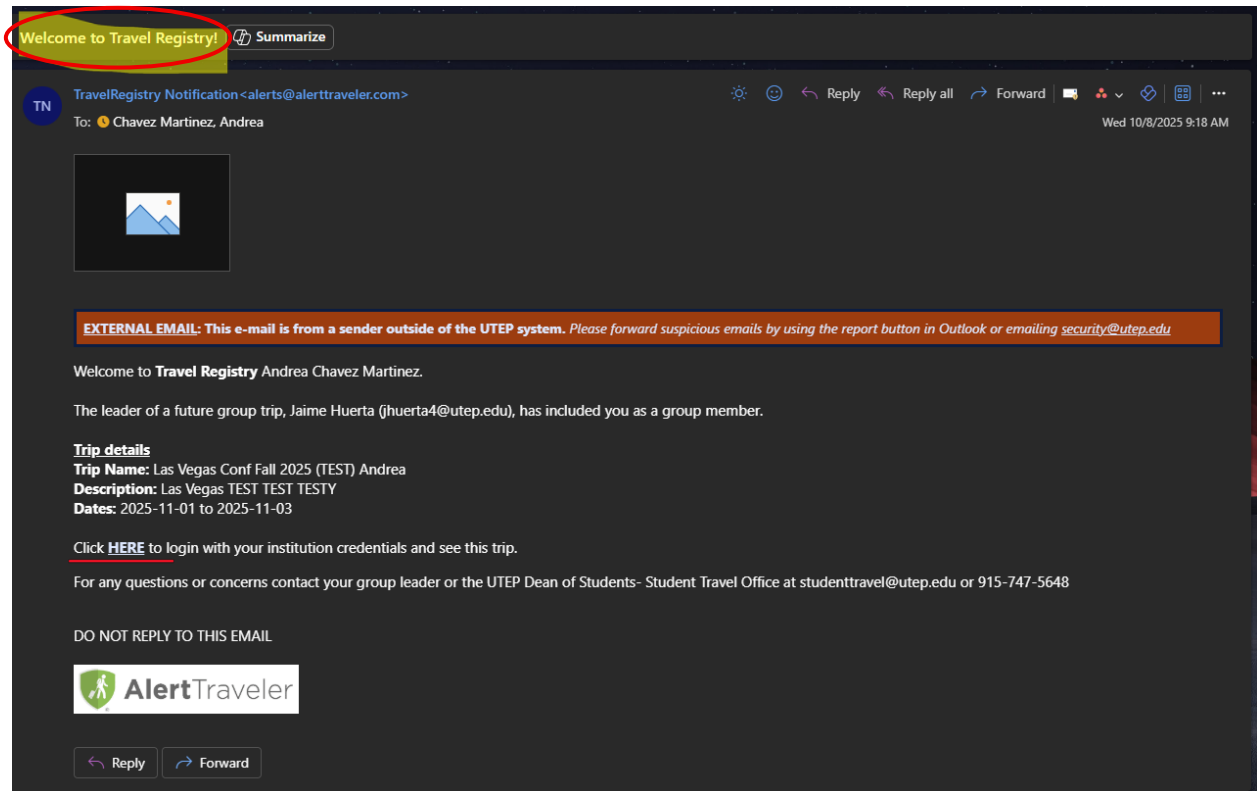
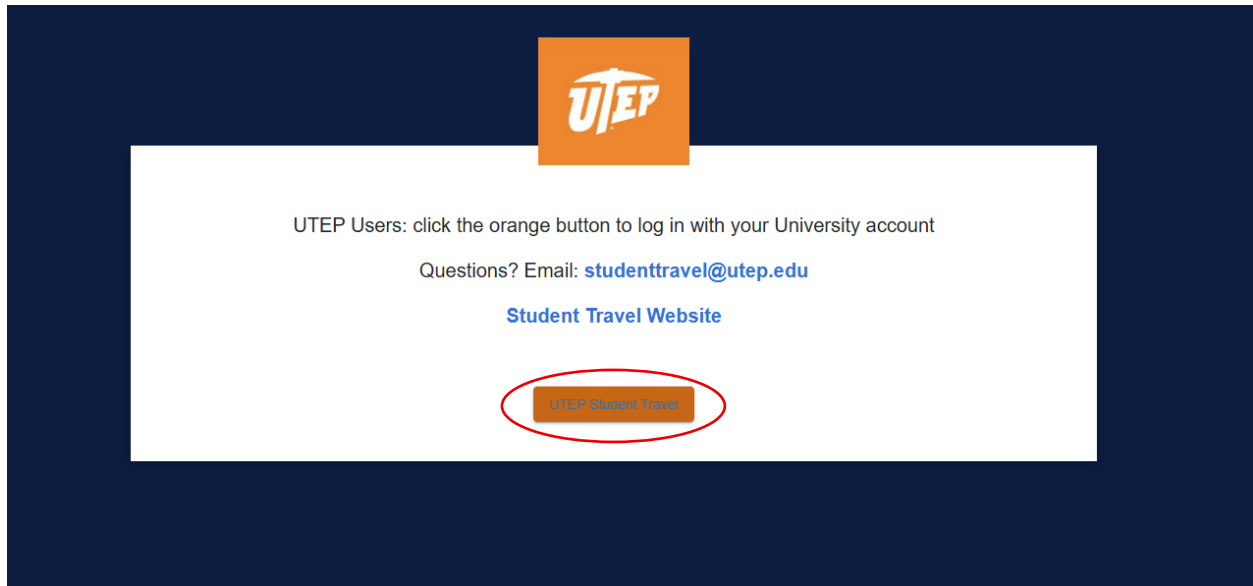


TRAVEL REGISTRY- Student Step by Step Instructions

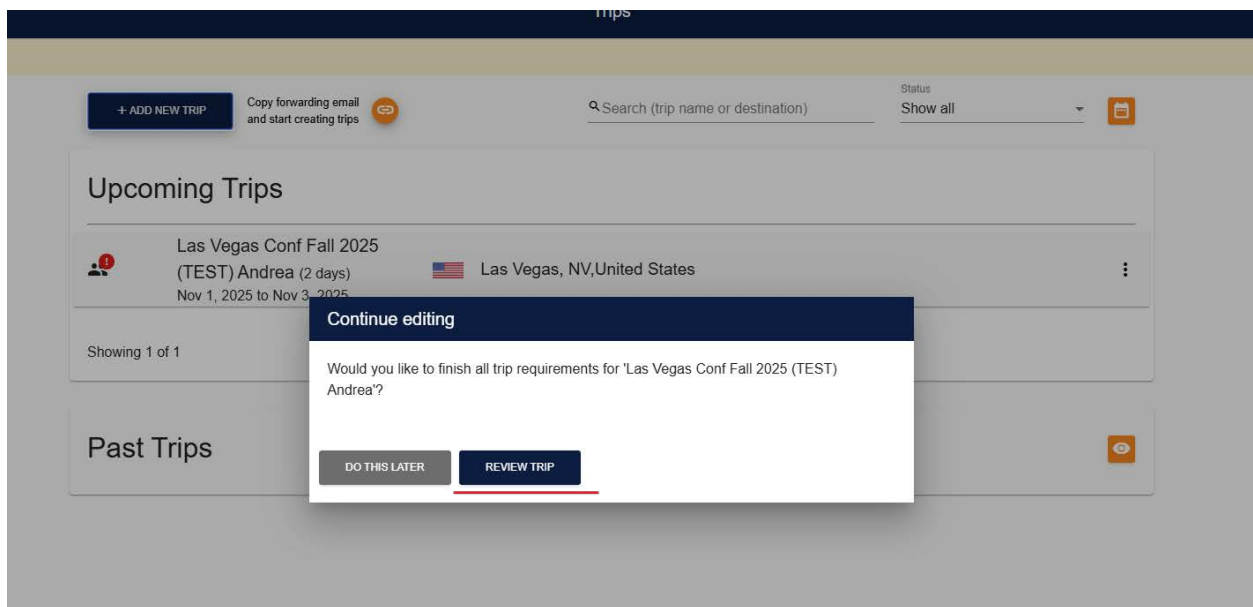
You will receive an email from **Travel Registry** with the trip details. Please select the [Click HERE](#) hyperlink in the email.



Select the orange **UTEP Student Travel** button



Select the **Review Trip** button to update your personal travel information.



Group Travelers

Itinerary

Forms

Essential Content

Approval History

Notes

Washington, DC, United States

Nov 1, 2025 - Nov 6, 2025

Low
Risk Rating

NR
Not Rated
DOS Rating [↗](#)

0
Level 0
CDC Rating [↗](#)

Required items are shown in red with an *. All other fields are optional.

<div style="margin-bottom: 10px;"> <input style="width: 90%;" type="text"/> </div> <div> <input style="width: 100%;" type="text"/> </div>	<div style="margin-bottom: 10px;"> <input style="width: 100%;" type="text"/> </div> <div> <input style="width: 100%;" type="text"/> </div>	<div style="margin-bottom: 10px;"> <div style="display: flex; justify-content: space-between; align-items: center;"> Departure airport * Departure date * </div> <div style="display: flex; justify-content: space-between;"> <input style="width: 45%;" type="text"/> <div style="display: flex; align-items: center;"> <div style="display: flex; flex-direction: column;"> Hr.... AM </div> </div> Timezone </div> </div> <div> <div style="display: flex; justify-content: space-between; align-items: center;"> Arrival airport * Arrival date * </div> <div style="display: flex; justify-content: space-between;"> <input style="width: 45%;" type="text"/> <div style="display: flex; align-items: center;"> <div style="display: flex; flex-direction: column;"> Hr.... AM </div> </div> EST </div> </div>
<div style="margin-bottom: 10px;"> <div style="display: flex; justify-content: space-between; align-items: center;"> Flight # Confirmation # </div> <div style="display: flex; justify-content: space-between;"> <input style="width: 45%;" type="text"/> <input style="width: 45%;" type="text"/> </div> </div> <div> <input style="width: 100%;" type="text"/> </div>	<div style="margin-bottom: 10px;"> <input style="width: 100%;" type="text"/> </div> <div> <input style="width: 100%;" type="text"/> </div>	<div style="margin-bottom: 10px;"> <div style="display: flex; justify-content: space-between; align-items: center;"> Confirmation # Checkin * </div> <div style="display: flex; justify-content: space-between;"> <input style="width: 45%;" type="text"/> <div style="display: flex; align-items: center;"> <div style="display: flex; flex-direction: column;"> Checkin * AM </div> </div> EST </div> </div> <div> <div style="display: flex; justify-content: space-between; align-items: center;"> Timezone Vendor </div> <div style="display: flex; justify-content: space-between;"> <input style="width: 45%;" type="text"/> <input style="width: 45%;" type="text"/> </div> </div>

- 1) In the **ITINERARY** page, update all or your “**Airline**” and “**Hotel name**” information fields.

Las Vegas Conf Fall 2025 (TEST) Andrea Nov 1, 2025 to Nov 3, 2025 (2 days)

Las Vegas TEST TEST TESTY

Reason for travel *
Conference - Professional Development

Group Trip **Itinerary** Forms Essential Content Notes

Las Vegas, NV, United States Nov 1, 2025 - Nov 3, 2025 Low Risk Rating Not Rated DOS Rating Level 0 CDC Rating

Required items are shown in red with an *. All other fields are optional.

Airline	Departure airport	Departure date	Hr/Mn	Select ...	Timezone
	ELP	11/1/2025	11:59	PM	MDT
Flight #	Arrival airport	Arrival date	Hr/Mn	Select ...	Timezone
	VGJ	11/3/2025	12:00	PM	PST
Hotel name	Confirmation #	Checkin	Checkout		
The Palazzo at The Venetian Resort		11/1/2025	11/3/2025		
Address	Timezone	Vendor			
3325 S Las Vegas Blvd, Las Vegas	PDT				
Add Transit/Lodging type					

+ Add Destination

Select the **NEXT** button to advance to the **FORMS** page

Next >

- 2) In the **FORMS** page, please answer all the questions in all the sections below:
- Medical Insurance
 - Domestic Travel Options
 - Emergency Medical Information

Group Trip Itinerary **Forms** Essential Content Notes

2. Medical Insurance Completed 0 of 1

Instructions:
All travelers are required to obtain medical insurance OR you must provide a waiver stating you will not have coverage during your trip.

The Waiver is available here: www.utep.edu/travel and it must be uploaded, under the essential content tab, using the "Insurance Copy/Waiver" upload box. If unable to upload then please email your signed waiver to studenttravel@utep.edu

The purchase of a short-term Student Field Trip Insurance for domestic travel can be arranged by academic and administrative units on behalf of students who do not have, or cannot verify, current medical coverage. Information concerning this coverage is available from the office of Business Affairs. For more information visit <https://www.utep.edu/vpba/insurance/field-trip-insurance.html>.

What type of medical insurance coverage will you be using?*

Select your answer *

Personal Medical Insurance (US Travel)
3. No Medical Insurance (Waiver Upload Required)
Student Field Trip Insurance (must be purchased from Business Affairs)
Insurance On-Call (choose only if traveling outside of the US)
Student Field Trip Insurance (must be purchased from Business Affairs)

3. Domestic Travel Options Completed 0 of 1

Instructions
Student travelers may decide to travel by car to and from their destination.

UTEP Student Driver Policy
All students who may operate vehicles while engaged in travel or activities covered under this policy must have a valid driver's license issued by the state where they permanently reside that is not currently suspended or revoked and be trained as required by law to drive the vehicle that will be used, as well as comply with applicable requirements of The University of Texas System Administration Policy UTS157, Automobile Insurance Coverage for Officers and Employees and General Requirements for the Use of Vehicles.

For more information on policy and requirements please visit <https://www.utep.edu/hoop/section-2/student-travel-policy-for-university-organized.html>

For all operators of vehicles, you are required to upload a copy of your drivers license and car insurance under the file upload section of this request, or you may email it to studenttravel@utep.edu

For more information on policies and requirements for travel by motor vehicle please contact the Dean of Students-Student Travel department at 915-747-5648 or at studenttravel@utep.edu.

Will you be traveling by car to your destination? If yes, will you be the primary driver?*

☐ Yes ☐ No

Will you be traveling by car to your destination? If yes, will you be the primary driver?*

☒ Yes ☐ No

Please answer whether you will be the primary driver, secondary driver, or passenger*

Drivers are considered to be any person that may be expected to drive the vehicle at any point during the trip - either as a primary, secondary/back-up driver.

Select your answer *

Yes, I will serve as a driver during the trip
No, I will be a passenger and will not be driving during the trip.
I am secondary driver

1. Emergency Medical Information

Completed 7 of 7

Instructions

Please read the following questions carefully and answer them all to the best of your ability.

For any questions or concerns please contact your group leader, the faculty or staff member who is responsible for your travel. Or you may also contact the Dean of Students- student travel department at 915-747-5648 or studenttravel@utep.edu

Do you have any dietary restrictions?*

☐ Yes ☒ No

Do you have any medical conditions (allergies, etc.)?*

☐ Yes ☒ No

Are you currently taking any medication? (Allergy meds/ EpiPen, Inhaler, etc.)*

☐ Yes ☒ No

Do you have any special health needs?*

☐ Yes ☒ No

Emergency Contact Name*

Jaime Huerta

Emergency Contact Phone Number*

915-123-4567

Emergency Contact-Relationship to Traveler?*

Manager

Next >

Select the **NEXT** button to advance to the **ESSENTIAL CONTENT** page

- 3) In the **ESSENTIAL CONTENT** page, please complete the following:
- a) Medical Treatment Authorization
 - b) UTEP Release and Indemnification Agreement
 - c) Country Intelligence
 - d) File Uploads: (Drivers License, Proof of Medical Insurance...)

Group Trip Itinerary Forms **Essential Content** Notes

Signature Forms

Medical Treatment Authorization Click to sign

UTEP Release and Indemnification Agreement Click to sign

Useful Content

Country Intelligence Click to view

File Upload

Medical Treatment Authorization

I hereby authorize The University of Texas at El Paso and its agents or representatives to consent, on my behalf, to any medical hospital care or treatment (including locations outside the U.S.) to be rendered to me upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

Accept Close

Confirm required signature

You are about to provide your electronic signature for the document, 'Medical Treatment Authorization'. This is an irreversible step. Have you read the terms and are ready to sign?

Yes No

Now the first form out of three is signed, make sure to complete the other ones.

Medical Treatment Authorization Signed: Oct 8, 2025 ✓

UTEP Release and Indemnification Agreement Click to sign

UTEP Release and Indemnification Agreement

I am 18 years of age or older and have voluntarily applied to participate in the Trip. I acknowledge that the nature of the Activity or Trip may expose me to hazards or risks that may result in my illness, personal injury, or death and I understand and appreciate the nature of such hazards and risks.

In consideration of my participation in the Trip, I hereby accept all risk to my health and of my injury or death that may result from such participation. I hereby release the above named Institution, its governing board (The University of Texas System Board of Regents), officers, employees and representatives, in their individual and official capacities, from any liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person, including my death, that may result from or occur during my participation in the Trip, WHETHER CAUSED BY NEGLIGENCE OF THE INSTITUTION, ITS GOVERNING BOARD, OFFICERS, EMPLOYEES, OR REPRESENTATIVES, OR OTHERWISE.

I further agree to indemnify and hold harmless the above-named Institution and its governing board (The University of Texas System Board of Regents), officers, employees, and representatives, in their individual and official capacities, from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in the described Trip.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DEATH OR DAMAGE TO MY PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED TRIP AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

Accept Close

Reason for travel *


Conference - Professional Development View as checklist

Group Trip
 Itinerary
 Forms
 Essential Content
 Notes

Signature Forms

Medical Treatment Authorization Signed Oct 8, 2025

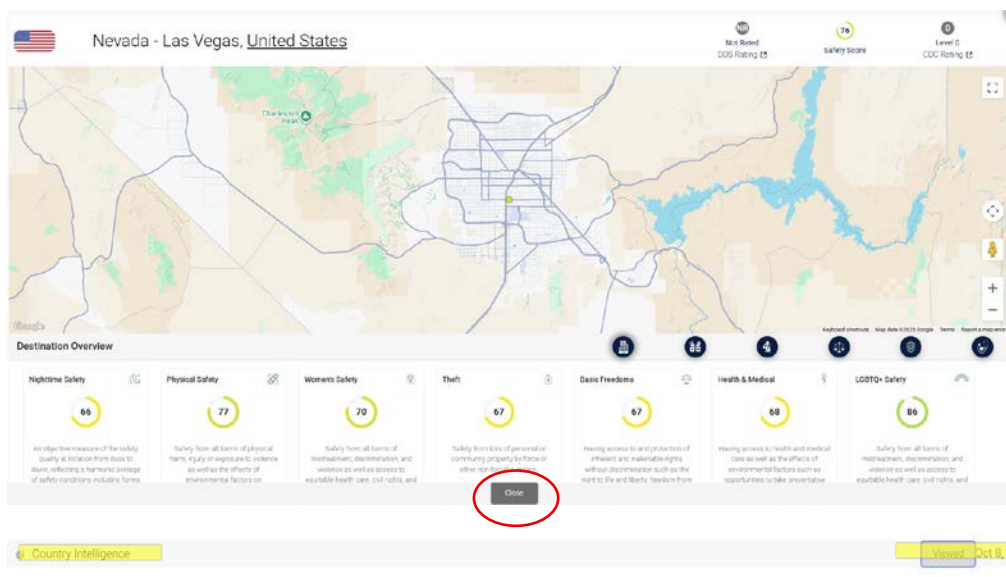
UTEP Release and Indemnification Agreement Signed Oct 8, 2025

 Useful Content

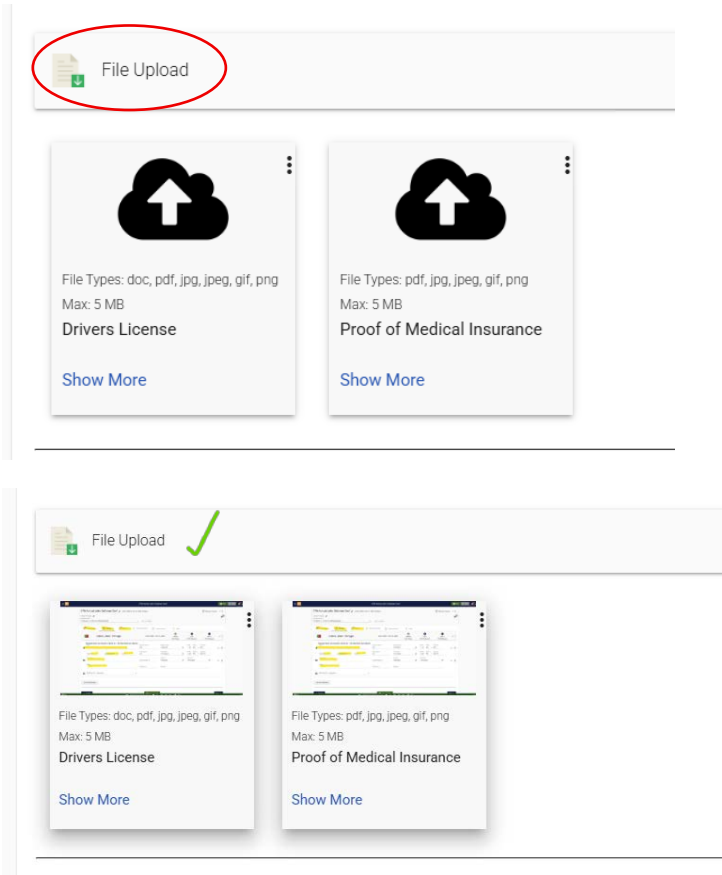
 Country Intelligence

[Click to view](#)

 File Upload



Finally remember to upload all the necessary forms in order to submit your travel authorization.



To complete the entry in the Travel Registry, please be sure to click the **SAVE and Finish**.

