



APPLICATION FOR GRADUATE SCHOOL TRAVEL FUNDS

NAME (LAST, FIRST, MI), STUDENT ID, GENDER (MALE/FEMALE), ADDRESS (STREET, CITY, STATE, ZIP CODE), MOBILE PHONE, EMAIL

TRAVEL AWARD ELIGIBILITY INFORMATION

DEPARTMENT/MAJOR, MA OR PH.D., FACULTY MENTOR

ITEMIZED BUDGET OF PROPOSED EXPENSES

Table with 2 columns: EXPENSE ITEM, AMOUNT. Includes a row for TOTAL AMOUNT REQUESTED.

CONFERENCE OR TRAINING WORKSHOP INFORMATION (IF APPLICABLE)

TITLE OF CONFERENCE, CONFERENCE LOCATION (CITY, STATE), DATES OF ATTENDANCE, TITLE OF TRAINING WORKSHOP, LOCATION OF TRAINING WORKSHOP (CITY, STATE), DATES OF ATTENDANCE

SIGNATURE/AUTHORIZATION

I certify that the information provided in this application is accurate. I agree to allow the Graduate School to track my academic progress through surveys, focus groups, etc.

Student Signature Date

I certify that I have read this application. I agree to serve as faculty research mentor for the student named above.

Faculty Signature Date