Macintosh HD:Users:brennanj:Desktop:Templates:Elements for Letterhead:Letterhead - Logo2.eps

**REQUEST FOR TRAVEL FUNDING**

***Please complete this form with both signatures, prior to travel, and enclose:***

*a conference agenda AND confirmation of your presentation with your completed form.*

***Prior to filling out the form please read:*** *Students presenting are eligible for* ***ONE (1)*** *travel award up to $500 per fiscal year (July 1 – June 30). Preference will be given students who are not receiving or eligible to receive funds from other areas (i.e. grant money, fellowships, etc.).* ***Students will not be considered for an award until the COGS receives the completed form and all required documentation.***

|  |  |
| --- | --- |
| Date |  |
| Student Name |  |
| Student Address |  |
| Student Phone # |  |
| Department |  |

Please select one:  CGS PhD Student  CGS MS Student  MDPhD Student in COGS  MDPhD Student in NCOM

Have you received or are you eligible to receive from other areas?  Yes  No

If yes, from where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you Presenting?  Yes  No

Name of Meeting or Conference:

Location of Meeting:

Date(s) of Meeting:

**Estimated Cost**

Registration . . . . . . $

Travel . . . . . . . . . $

Lodging . . . . . . . . $

Meals . . . . . . . . . $

Student Signature

Advisor Signature

**\* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* FOR COLLEGE OF GRADUATE STUDIES’ USE ONLY**

APPROVED  NOT APPROVED AMOUNT: $

APPROVAL SIGNATURE DATE  
*DISTRIBUTION: College of Graduate Studies, Department, Faculty Sponsor, Postdoc*

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