

**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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