

CONFERENCE TRAVEL AWARD APPLICATION

Graduate College, 204 Coble Hall, MC-322

- DEPARTMENTS PLEASE COMPLETE BOTTOM SECTION
- STUDENT MUST BE REGISTERED THE SEMESTER THIS AWARD IS GRANTED
- UNSIGNED OR INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE DEPARTMENT

Part I (to be completed by graduate student)

Date of Application _____

Name: _____
(First) (MI) (Last)

UIN: _____

Graduate Department: _____

Conference Location: _____

Name of Conference: _____

Brief Title of Paper or Presentation: _____

Dates of Conference: _____

Email: _____

ANTICIPATED CONFERENCE EXPENSES:	
TRAVEL	_____
LODGING	_____
MEALS	_____
OTHER EXPENSES	_____
TOTAL EXPENSES	_____

SIGNATURES:

Student Signature

Department Representative Signature

Print Name Department Representative

Part II (to be completed by student's department)

The Department of _____ agrees to support this student's application for a Graduate College Conference Travel Award.

Department representative's signature

Date