**Office of Research and Graduate Studies  
Request for Travel Funding**

**Application must be typed and a copy submitted to the ORGs Office, LAN 402.**

Please complete the following and submit to the Office of Research and Graduate Studies.

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| --- | --- | --- | --- | --- | --- |
| 1. Name of Student Organization/Group or College/Department of Graduate Faculty: | | | | | |
| Click or tap here to enter text. | | | | | |
| 1. Name of Event/Activity: | | | Click or tap here to enter text. | | |
| 1. Type of Event/Activity: | | | Click or tap here to enter text. | | |
| 1. Location of Event/Activity: | | | Click or tap here to enter text. | | |
| 1. Date(s) of Event/Activity: | | | Click or tap here to enter text. | | |
| 1. Names of Students Participating  (or number, if names are not yet known): | | | | Click or tap here to enter text. | |
| 1. Faculty Sponsor: Click or tap here to enter text. | | | | | Phone: Click or tap here to enter text. |
| 1. Faculty Participating: | Click or tap here to enter text. | | | | |
| 1. Describe the activity, competition, conference presentation, etc. that students will be engaged in: | | | | | |
| Click or tap here to enter text. | | | | | |
| 1. Attach a detailed budget, including registration, mileage, lodging, and meals. If students are not traveling together, show individual student breakdown of costs. | | | | | |
| 1. Total Estimated Cost: | | Click or tap here to enter text. | | | |
| Transportation/Mileage: | | Click or tap here to enter text. | | | |
| Lodging: | | Click or tap here to enter text. | | | |
| Meals: | | Click or tap here to enter text. | | | |
| Registration: | | Click or tap here to enter text. | | | |
| Parking: | | Click or tap here to enter text. | | | |

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| 1. Describe any other source(s) of funding: | Click or tap here to enter text. |
| 1. Describe the benefits of participation in the Event/Activity: | Click or tap here to enter text. |
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| Student(s) Signature |  | Date |
|  |  |  |
|  |  |  |
| Faculty Sponsor (if student Research) |  | Date |
|  |  |  |
|  |  |  |
| Faculty Signature |  | Date |
|  |  |  |
|  |  |  |
| Department Chair’s Signature |  | Date |
|  |  |  |
|  |  |  |
| Dean’s Signature |  | Date |

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| --- | --- | --- | --- | --- |
| **Recommendation:** Description to Award Funding (please check): | | | | Yes  No |
| Amount Approved: |  | Date: |  | |
|  |  |  |  | |
|  | |  |  | |
| Dean of ORGS Signature | |  | Date | |