**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.
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| 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 |

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