

Graduate Student Travel Funds Request - CDIS

Name: _____

Address: _____

Phone No.: _____

Student # _____ Phone _____

Presently working on _____ Ph.D. _____ M.S. _____ Bridge

Conference Information:

Title of Conference _____

City and State of Conference _____

Date(s) of Conference _____

Conference Registration Fee _____

Alternative Sources of Support:

Have you applied for funds from GSS or College of Health & Human Services Pillars Program?

No _____ Yes _____ Describe outcomes:

Student's Role at Conference:

Please **attach a narrative** of less than one page, describing the importance of this conference to your graduate education. If you are not presenting research, please describe how this opportunity will support your educational and research goals. Please also provide a letter of support from a faculty mentor.

2. Presenter

Provide: Proof of conference dates and registration fee (e.g., registration form, copy of conference brochure); Documentation of acceptance for presentation (copy of acceptance letter, copy of program). If more than one author, documentation of your specific role in the presentation. Copy of abstract of presentation

2. Attendee

Provide: Proof of conference dates and registration fee (e.g., registration form, copy of conference brochure)

Estimated Budget:

Please attach the following information:

- Travel dates, including departure date and time, and return date and time;
- *Estimated* amounts for travel (airfare; mileage if driving; registration fee; lodging; parking; tolls).

NOTE: Most likely, you will not be awarded the full amount you request; however, you should include all estimated costs. You do not need receipts for meals. You will need to turn in all other receipts to be reimbursed. **Only original receipts will be accepted. No credit card receipts are allowed.**

Attachments Checklist

Please note: Failure to provide requested information will delay processing of your application.

Narrative _____

Letter of support _____

Conference Information _____

Presentation Details (if presenting) _____

Budget _____

Signature: _____

Date: _____

Department Decision: Approved in the amount of _____ Not funded: _____

Signature _____

Date _____