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 _________________________