

**COLLEGE OF EDUCATION
GRADUATE STUDENT APPLICATION FOR TRAVEL SUPPORT**

NAME (Last, First, M.I.)

PLEASE INDICATE GRADUATE PROGRAM ENROLLED IN:

MEd: MS: Program: _____

EdD: Professional Educational Practice

PhD in Education: Specialization: _____

PhD in Educational Psychology:

Note: Please obtain faculty advisor's approval/signature below.

MAILING ADDRESS

PHONE NUMBER / E-MAIL

PURPOSE OF TRAVEL

MEETING / CONFERENCE

LOCATION

DATES (FROM / TO)

TITLE OF PRESENTATION

PLEASE ATTACH:

- A. Completed Graduate Student Application for Travel Support form
- B. A letter of application for travel funds (letter written by student)
- C. Letter or email of acceptance/invitation from hosting professional organization
- D. Abstract or description of the research presentation
- E. Copy of completed conference registration form
- F. Letter of support from faculty advisor

STUDENT SIGNATURE

DATE

RECOMMENDED / NOT RECOMMENDED

By Faculty Advisor:

SIGNATURE / DATE

To be completed by Dean's office:

APPROVED / NOT APPROVED

By Faculty Committee Chair:

SIGNATURE / DATE

APPROVED / NOT APPROVED

By Dean:

SIGNATURE / DATE

Account Code: _____