# Request for Funds – Student Travel Assistance Program

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| --- | --- | --- | --- |
| Name: |  | Status: | Undergraduate  Graduate |
| Academic Unit: |  | Cumulative GPA: |  |
| Dates (From/To): |  | Destination:  (City, State, Country) |  |

Please check all that apply:  Estimated Travel Expenses:

|  |  |  |
| --- | --- | --- |
| International Conference:  To present  To attend  National Conference:  To present  To attend  Regional Conference:  To present  To attend  Research/Data Collection  Other (Specify) | Airfare: |  |
| Public Transportation: |  |
| Per diem: (\_\_\_@\_\_\_/day) |  |
| Lodging: |  |
| Registration: |  |
| Mileage: (\_\_\_@\_\_\_/mile) |  |
| Other: |  |
| **Total Estimated Cost:** |  |
| **Other Contribution:** |  |
| **Contribution Application Status:** | Applied  Confirmed |
| **Total Amount Requested from CAS:** |  |

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| --- |
| Please attach:   * A brief one page narrative stating the purpose and benefits of the travel to the applicant * A copy of the invitation to present/perform from the conference or event/venue (if applicable) * A letter of support from Chair/Director of their Academic Unit * An unofficial copy of current transcript * A copy of request(s) for additional contributions |

|  |  |  |
| --- | --- | --- |
|  | **Signature** | **Date** |
| Applicant: |  |  |
| Chair/Director: |  |  |

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| **To be completed by CAS Dean’s Office:** | **Previous:** | **Comments:** |

**Note: The College will fund up to 2/3 of travel request.**

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|  | **Signature** | **Date** | **Approved amount (up to):** |
| Dean: |  |  |  |

Please submit original form and supporting documentation to the CAS Dean’s office.