Dean’s Student Travel Program

NAME: _______________________________________________ Email: __________________________

DEPARTMENT: ________________________________________________________________________

TITLE OF RESEARCH: ___________________________________________________________________

DATE OF REQUESTED TRAVEL   __________________________________________________________

☐ Abstract included
☐ Evidence of acceptance of abstract included
☐ Student statement of justification and significance of research
☐ Budget for travel
☐ Unofficial transcript reflecting GPA (print from VIP)
☐ Advisor/mentor letter of support (optional)
☐ Verification of matching funds

☐   ☐ State   ☐ National   ☐ International meeting

ACTION:

Funded:   Amount:

Submission Deadlines:

September 20 (decision by October 1)
January 20 (decision by February 1)
April 20 (decision by May 1)