



FACULTY TRAVEL GRANT APPLICATION
Office of Research and Sponsored Programs

Name _____ Date _____

Department _____ Ext. _____

Email address _____

Title of Professional Meeting: _____

Meeting Location _____

Meeting dates _____

Meeting URL _____

Reason for Travel

- ____ Presenting paper/poster
- ____ Panel member
- ____ Moderating a discussion
- ____ Elected/appointed officer
- ____ Committee Chair
- ____ Committee Member
- ____ Professional Enhancement
- ____ Other

Brief Description and Significance of Travel:

Airfare estimate at the lowest applicable rate: _____

I have external funding from _____, which is active through (date) _____.
I have not received travel assistance this fiscal year.

Signature _____

APPROVALS

Department Chairperson: _____

Collegiate Dean: _____

Office of Research: _____

Below line for ORSP use only.

External funding source(s) _____

Dates of grant _____ **through** _____

Eligible for up to \$ _____ **by** _____