

Graduate Student Travel Request Form

Send this request form through your major advisor and department chair to the Dean of your school or college, who will review it, and if it meets with his or her approval, will forward to the Graduate School
Please submit your request to the Graduate School at least 1 week prior to date of departure

Name: _____ Student ID#: _____

Address: _____ City: _____ State: _____ Zip: _____

Graduate Program: _____ SIUE Email: _____

Departure Date: _____ Return Date: _____

Destination: _____

Amount Requested: _____

Name of Conference: _____

- Present a major paper at a professional meeting. Attend a juried exhibition or presentation of my creative work.

Title of Presentation: _____

Eligibility: Graduate School policy states that in the case of multiple authors, R&D funding is limited to support only one of the authors. Besides a faculty mentor, are you the only author/presenter on this presentation? yes no

Attachment Checklist (Required)

Abstract of paper to be delivered or program providing details of work being exhibited or performed

Copy of notification of acceptance

Detailed budget and budget justification

Approval signatures from Department chair and School/Unit dean (please sign in Matching Funds box)

Student Travel Liability Release Form (available through your Dean's Office)

| | | | |
|--------------------------|--|--------|--|
| Student Signature: | | Date: | |
| Major Advisor Signature: | | Email: | |

(NON-REQUIRED) MATCHING FUNDS PROVIDED BY*:

| Source: | Amount | | Fiscal Officer Signature | Notification Email | Date |
|----------------|--------|--|--------------------------|--------------------|------|
| Department | | | | | |
| Acct# | | | | | |
| School/College | | | | | |
| Acct# | | | | | |

- Signatures by Department and Unit representatives indicate approval of research trip. Matching Funds are NOT Required by Departments and Units, but if Chairs and Deans wish to provide funds in support of this application, amounts and account # should be provided here.

Transfers will occur quarterly – January, April, July, October

GRADUATE SCHOOL ACTION

Approved _____ Denied _____ (letter attached) Amount Awarded \$ _____

Dean
Signature: _____ Date: _____

Certified in ORP _____ Approval Notification Date _____

ORP Use Only GPA _____ Current Hours _____ Cum. Hours _____