Application for Graduate Student Travel Support

To apply for funding, provide the following information:

Name _____

Departmental program _____

Email address _____

Date of application _____

Departure date from West Lafayette _____

Return date to West Lafayette _____

Title and location of conference _____

Title of conference presentation _____

Opening and closing dates of conference _____

Estimated Expenses

    Registration and membership fees _____

    Airfare _____

    Mileage or taxi fare _____

    Hotel accommodations _____

    Other (Specify) _____

What year of funding are you in? _____

Date, if any, of prelim exam? _____

Date, if any, of prospectus defense? _____

What is your primary means of graduate support? If a TAship, what course(s) are you

teaching? If a fellowship, what fellowship? If other, please specify

_____

Your signature and date _____

DGS: Approve?   Y _____   N _____
            Amount? $ _____
            Signature and date _____