APPLICATION FOR STUDENT INCENTIVE FUNDS (STUDENT TRAVEL)

- Complete the form below (type or print legibly) and obtain the required signatures.
- Submit this form, with the original signatures to the College of Science (Bell Hall Room 100)
- Attach a copy of the program listing you as the first author or a copy of the conference invitation. Preference is given to those who have an official role (ex. Paper presentation)
- No International Travel is supported thru this fund (Includes Canada and Mexico)

Student Information

Student Name____________________________    ID#_____________________________________________
Department ______________ Major_________     UG ☐ GR ☐ PH.D. ☐
Contact Address________________________________________________________________________________
Phone Number _____________________  E-mail_____________________________________________________

Conference or Professional Meeting Information

Conference/Meeting (Provide exact title)__________________________________________________________
Sponsoring Organization:__________________________________________________________
Site of Conference (Location)      _____________________________________________________________
Conference Dates:_______________________     Attendance Dates:____________________________________
Date/Title of Presentation:__________________________________________________________
Co-Presenters:________________________________________________________________________________
Supervising Faculty (Print Name & Signature Required)________________________________________________

Estimated Travel Costs

Transportation Cost:        $__________ ☐ Air ☐ Car ☐ Other   (Check One)
Lodging:  Cost per Night $__________         Number of Nights ____   =   Cost: ______
Conference Costs $____________                 Other _____________       Total Cost$____________

Matching Funds:  Department Contribution Chairs/PI Signature
Other Contribution _____________________________________________________________

FOR COLLEGE OF SCIENCE ONLY

APPROVED FOR $____________________   NOT APPROVED _________________________________
Dean’s/Administrator Signature__________________________________________________________
Account # _____________ (NOTE: Department - You must provide Roxanne Giron x 5042 with a copy of the BIS transaction and related documentation – Send to CCSB 3.0206).