THE UNIVERSITY OF TEXAS AT EL PASO
COLLEGE OF SCIENCE
APPLICATION FOR STUDENT INCENTIVE FUNDS (STUDENT TRAVEL)

• Complete the form below (type or print legibly) and obtain the required signatures. (See guidelines attached)
• Submit this form, with the original signatures to the College of Science (CCSB 3.0202)
• 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.___
Phone Number ___________________  E-mail__________________________

Conference or Professional Meeting Information

Conference/Meeting (Provide exact title)________________________________________________________
Site of Conference (Location) ________________________________________________________________
Conference Dates:___________________  Attendance Dates:___________________
Date/Title of Presentation:_________________________________________________________
Co-Presenters:_______________________________________________________
Supervising Faculty (Print Name & Signature Required)________________________________________

Estimated Travel Costs (*please have costs verified by Department)

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 ________________________________________________________________

Default Cost Center or Project Number for any overages to the Dodson Funds _________________

Funds will be forfeited if reimbursement is not processed within a week after travel is completed.

Student Initial _____________________    Department Preparer’s Name and Initials __________

FOR COLLEGE OF SCIENCE ONLY

APPROVED FOR $___________________    NOT APPROVED _________________________
Dean’s/Administrator Signature_______________________________
Account # ________________