

Date Received:

Travel Application

Funds Provided by the RU Parents and Family Fund & the Graduate College

Before completing the application below, please read all rules and regulations on the Graduate College website. Submit completed applications to the Graduate College – Lucas Hall. Applications will NOT be considered less than **FOUR (4)** weeks in advance of first date of travel. Reimbursements can be made for registration and lodging expenses ONLY not to exceed \$250 upon submission of original receipts. Lodging must be done in the MOST economical way possible. Within 2 weeks of application, you will receive a response regarding funding. If granted funds, you will be **required** to present at the Graduate Professional Development Conference Forum in April on the knowledge you gained. Application DOES NOT guarantee funding!

Conference name: _____

Date(s) of travel: _____

Conference location: _____

Individual requesting funds: _____ Student ID# _____

Are you a degree seeking student? _____

Is this an annual conference in your specific program of study? _____

Have you traveled to this conference before? _____ If so, when? _____

Are you presenting, competing, or receiving an award? _____ If so, please explain.

Please list other sources of funding: _____

Please use additional paper, if necessary, to answer the following questions:

How does attendance at this conference contribute to your professional growth in your professional field?

Submit a description of planned activities. Please attach itinerary, agenda and/or conference schedule to this application.

APPROXIMATE COST REQUESTED FROM GRADUATE STUDENT PROFESSIONAL DEVELOPMENT GRANT
Please attach documentation from the conference to support estimated costs (registration/lodging): \$ _____

I have read and agree to all the information regarding this funding on the Graduate College website. I understand that if the amount spent should exceed the amount approved in any area, I will be responsible for the difference. I understand that my Department Chair must approve this conference for my specific program of study.

Applicant's Signature: _____ Print Name: _____

Date: _____ Phone: _____ Email: _____

Local Mailing Address: _____

Department Chair's Signature: _____ Print Name: _____

Date: _____ Phone: _____ Email: _____

GSC Chair/Advisor Approval Signature _____