

Trip/Event Information



TRAVEL/VIRTUAL EVENT FUNDING REQUEST

All requested information must be provided in order to be eligible for funding

RETURN THIS FORM TO: 328 Administration Building (MS1030) OR email to graduate.travel@ttu.edu - INFORMATION ON THIS FORM MUST BE TYPED

Date	Student Identification Number			
Name	(Last Name)		(First Name)	
Email Address (TTU email require			. ,	
Degree Information		Department		
Master's	Doctoral			
	Admitted to Candid	lacy: Yes	No	

All students requesting funds must be presenting and must provide the Graduate School with copies of conference/meeting agenda, registration forms, abstracts, etc. **Please refer to the Travel Funding Guidelines for detailed information.**

Destination (City & State)	V	/irtual Event: Yes	No
Conference Dates:	Na	me of Event	
From:	To: (do	o not breviate):	
Presenting?	aDI	breviace).	
Yes No Ar	e you the: Title: Author?		
Type of Presentation:	Co-author?		
Poster Paper			
Type of Conference:			
National Regional Meeting	Poster *Name of Co	onference Hotel:	
*Are you sharing a room? *Is	s your roomate presenting?	f yes,	
Yes No	Yes No	Roomate's name	
Estimated Costs Home Department Support:		(pro	Estimated Amounts vide supporting documentation)
		Destination (airfare/rental ca	ır): A
Other Known Support (PI, Conference, etc.):		*Hc	tel: B
		Registration Fee	(s): C
What expenses will dept. support cover?		_	3+C)
		*DO NOT IN	CLUDE FOR VIRTUAL EVENTS
he Department Travel Preparer and the Chair	person must sign the application. A	ny missing information v	vill result in an incomplete applica
	which will void this	s request!	
nal Durana una Durante di Nicara			
vei Preparer Printed Name			
vei Preparer Printed Name		Travel Preparer Signature	

Revised 09/15/2020