

TTUAB Publication Funding Request Form

Name: _____

Email Address: _____

Journal Title: _____

Article Title: _____

Volume/Issue #: _____

Date Accepted: _____

Faculty Advisor Name: _____

Are you the first or second author? Yes No

Have you paid your dues? Yes No

Have you completed your service hours? Yes No

Total cost of publishing: _____

Total amount requested from TTUAB: _____

Additional Funding Sources:

Additional Funding Source	Amount Requested	Amount Received

Applicant Signature

Date

Faculty Advisor Signature

Date

Administrative Use Only

Amount Funded:

TTUAB Secretary Signature

Date