TTU COLLEGE OF EDUCATION GRADUATE STUDENT APPLICATION
TRAVEL ASSISTANCE FORM FOR THE SUPPORT OF SCHOLARLY ACTIVITIES

NAME: _____ **R#**: _____

ADDRESS: _____
STREET CITY STATE ZIP

TELEPHONE: _____ **TTU E-MAIL ADDRESS**: _____

MAJOR: _____ **DEGREE**: _____ **MAJOR PROFESSOR**: _____

IF YOU ARE A DOCTORAL STUDENT, HAVE YOU BEEN ADMITTED TO CANDIDACY (i.e. finished all coursework and passed qualifying exams)? YES ◯ NO ◯

If "yes", which semester did you take your exams? _____

DOLLAR AMOUNT REQUESTED: _____

ITEMIZE EXPENSES: **Airfare**: _____ **Hotel**: _____ **Registration**: _____ **Other**: _____

Supporting Documentation

A. Copy of official letter of presentation/ poster acceptance attached
B. Letter of support from College of Education major professor or other professor in a supervisory role
C. Intention to submit graduate school travel assistance application: YES ◯ NO ◯
D. Details:

NAME OF CONFERENCE: _____

DATE OF CONFERENCE: _____ **LOCATION**: _____
CITY STATE

AUTHOR(S)/ TITLE OF PRESENTATION: _____
_____
_____

STUDENT'S ROLE IN PRESENTATION AS STATED ON TRAVEL APPLICATION GUIDELINES FORM: _____
_____
_____

HOW WILL THIS SUPPORT BENEFIT THE COLLEGE OF EDUCATION? : _____
_____
_____

FOR OFFICE USE ONLY

DATE RECEIVED IN COLLEGE OF EDUCATION GRADUATE EDUCATION OFFICE: _____
SUPPORTING DOCUMENTATION PROVIDED:
_____ COPY OF OFFICIAL LETTER OF PRESENTATION/ PAPER ACCEPTANCE
_____ LETTER OF SUPPORT FROM COLLEGE OF EDUCATION MAJOR PROFESSOR OR OTHER PROFESSOR IN A SUPERVISORY ROLE

RECOMMENDATION:
_____ FUND (STUDENT ELIGIBLE FOR _____)
_____ FUND, BUT AT REDUCED AMOUNT (_____)
_____ DO NOT FUND – REASON: _____

_____
_ SIGNATURE: ASSOCIATE DEAN, COLLEGE OF EDUCATION