



TRAVEL FUNDING REQUEST

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

RETURN THIS FORM TO: 328 Administration Building (MS1030) 806.742.2781 - **INFORMATION ON THIS FORM MUST BE TYPED**

Date _____ Student Identification Number _____

Name _____ (Last Name) _____ (First Name)

Email Address (ttu email required) _____ Departmental Mail Stop _____

Home Address _____

City _____ State _____ Zip Code _____ Phone Number _____

Degree Information

Check One: Master's Degree ☐ Doctoral Degree ☐ Department _____

Admitted to doctoral candidacy? Yes ☐ No ☐

Travel Information

Destination (City & State) _____

Trip Dates: From: _____ To: _____ Name of Event (do not abbreviate): _____

Presenting? Yes ☐ No ☐ Are you the: Author? ☐ Title: _____

Type of Presentation: Poster ☐ Paper ☐ Co-author? ☐

Type of Conference: National ☐ Regional Meeting ☐ Poster ☐ Conference URL: _____

Name of Conference Hotel: _____

Are you sharing a room? Yes ☐ No ☐ Is your roommate presenting? Yes ☐ No ☐ If yes, Roommate's name _____

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

Estimated Costs

Estimated Amounts

(provide supporting documentation)

Amt. Department Support: _____

Other Known Support: _____ Cost to Destination (airfare/rental car): _____

What expenses will dept. support cover? _____ Hotel Accommodations: _____

Registration Fee(s): _____

TOTAL _____

All departmental information must be submitted. The department chair must sign the application and provide an email address. Any missing information will result in an incomplete application.

Travel Preparer
Email _____
Travel Preparer Building and
Phone Number _____ Room Number _____

X
Travel Preparer Signature

Department Chair Printed Name _____

X
Department Chair or Financial Manager Signature