

**Graduate Student Travel Funding Request
College of Family and Consumer Sciences**

Applicant's Name _____ Date _____

Applicant's Department _____

Phone _____ Email _____

Name of Conference _____

Date of Conference _____ Location of Conference _____

Purpose for attending conference:

Cost to attend:

Travel (by air or vehicle) _____

Lodging _____

Conference Registration _____

Meals _____

Other Expense _____

TOTAL _____

Amount given by Department _____

Applicant's Signature _____ Date _____

Graduate Coordinator Approval _____ Date _____

Department Head Approval _____ Date _____

Dean's Approval _____ Date _____

**Deadline for receipt of request in Dean's Office:
Fall Term: September 15th
Spring Term: January 15th**