

AGEP Travel Award Research Conference Application

Submit application with original signatures only; all applications must be typed.

Name:		UIN:	Date:		
Last	First	MI			
Email:		Phone:	Dept. /IDP:		
a scholarship. If you from the grant will th	u have a balance du ien be credited to y	on travel grants will be p ie, it will be deducted fro our student billing accou	m that posting. Any r	emaining funds	
IMPORTANT: ChecklistI am in good acaden					
I am registered full-	time (min. 9 hours in	fall/spring, 6 hours in summ	ner)		
I acknowledge I mus	st be registered full-ti	me at time of reimburseme	nt (within 30 days of the	presentation date)	
page (1 page max.) thes to your degree program	se two questions: (1) on. (You may apply bej	tation to present your poste Why it is important for you t fore receiving official accept	to present at this meeting ance to conference).	•	
Society/Conference/Se	minar Name (no acro	nyms, spell out):			
Dates of travel:		Location:			
		This travel is: Domes	stic (within USA) or	International	
Itemized budget; be spe	ecific on the items be	<u>l</u> ow.			
Airfare/transportati	Airfare/transportation		Approvals (Signatures here verify that applicant's chair/dept. do not have funds to fully support student's request)		
Hotel/housing					
Registration fee		Signature of Applicant	t	Printed Name	
Other		Signature of Committe	ee Chair	Printed Name	
Total requested		Signature of Dept. He	ad/IDP Chair	Printed Name	
For AGEP use only GPR: Full-time:		temize source and amount)Approved	Not Approved - why:		
Proposal submitted:		Amount Award	ed \$		
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