Department Conference Travel Award Application

Student must be registered in the semester the award is granted.

Fall Award	☐ S _I	oring Award]	
Student Name				
UIN	email			
Department				
Name of Conference				
Conference Location				
Title of Paper or Presentation				
Dates of Conference				
Registered for fall semester Registered for spring semester				
Anticipated conference & travel expenses:				
		Estimate	Actual	
	Travel			
	Lodging			

Registration

Misc Total

This form is for departmental use only. Please fill out and submit to the Director of Graduate Studies at least 4 weeks in advance of the travel.