Student Travel Grant Application

	esting Travel Funds:	Date:
Student I.D. N	umber:	
Expected Grad	luation Date:	
Faculty Mento	or:	
Conference yo	ou are attending:	
Location of Co	onference:	
	el:	
	ntation you are giving:	
	authored presentation, are you the pres	
Title of Presen	itation:	
Requested It	emized Expenses (Further justifi	cation may be required):
Requested II	emized Expenses (i dittier justifi	cation may be required).
Item	Type of Expense	Amount
1	- J. P. C. S. L. L. P. C. S.	
2		
3		
4		
5		
6		
Total		
Request		
Total		
Approved by		
the Dept.		
If you will be	sharing these expenses with someone	else please explain:
Signature of Traveler:		Date:
Signature of Mentor:		Date:

You must email to the Department Chair a copy of the Title, Authors, and Abstract that was submitted to the conference.