

REQUEST FOR SCHOOL OF HEALTH SCIENCES FUNDS FOR TRAVEL

Name:

Major:

Position Title:

eID:

Please select one:

Student (not on payroll)

Undergraduate Student

Graduate Student

Event Information

Type of Travel

In State

Out-of-State

International

Conference/Event Name:

Conference/Event Location:

State Date:

End Date:

Are you presenting?

yes

no

Presentation Title:

If not presenting, what is your conference role?

Funding Information

Amount being requested from School:

\$

Did you apply for College of Health and Human Sciences Travel Scholarship?

yes amount requested: \$

no

IF YES: do not use University BPC for any expenses

Did you apply for Graduate School Award?

yes amount requested: \$

no

Student Signature

Date:

TO BE COMPLETED BY OFFICE

Funding Source:

School Director Signature

Date