

GRADUATE STUDENT PROFESSIONAL DEVELOPMENT AWARD**Travel Application**

The College of Graduate Studies and Research has limited funds to provide financial assistance to degree seeking graduate students presenting research at professional conferences. Students seeking funds to offset the costs of travel and attendance should complete this application signed by the Program Director and the Department Chair/School Director. Attach any supporting materials and submit to the Graduate College, Buchanan House 204 at least 4 weeks in advance of the first date of travel. Application does not guarantee funding. Applicants will be informed about funding by email.

Name of student _____

Student ID # _____

Degree program _____

Conference name: _____

Conference location: _____

Departure date: _____

Return date: _____

Describe the event and the nature of your participation in it: (performing, presenting, etc...)

Attach evidence of acceptance of presentation and a conference schedule or agenda with dates and fees.

Describe how your presentation at this conference will contribute to your professional growth in your field:**Provide names of any other Radford University faculty or students attending the conference.****Estimated costs** (work with the Administrative Assistant for your program to complete this section)

Conference registration \$ _____

Lodging

Number of nights _____

\$ _____ pre-tax per night

\$ _____ taxes and fees per night

\$ _____ parking

Meals and incidentals \$ _____

Other expenses (indicate) \$ _____

Total estimated costs: \$ _____

Do you expect any additional funding that may be applied to the proposed travel? If yes,

\$ _____ Source(s) _____

I have read and agree to all the information regarding this funding on the Graduate College website. I understand that if the amount spent should exceed the amount approved in any area, I will be responsible for the difference. I understand that my Department Chair/School Director must approve this conference for my specific program of study.

Applicants Signature

Printed Name

Date

Phone

Email

Local Address

City, State, ZIP

Approvals

Signature

Printed Name

Date

Program Director

Signature

Printed Name

Date

Department Chair/School Director

Amount approved by the Graduate College: \$_____

Signature

Printed Name

Date

Dean, College of Graduate Studies