CLAS GraduateTravel Committee/Graduate Student Request for Travel funds*

Date	Name	
Email Address		
Date of Trip		Department
Destination(s)		
Name of Meeting		
If paper is to be present	ted, Title of Paper	
Is the paper/presentation	on In	vited Contributed
Status in program: MA	Pre-q	ualifying exams ABD
Expected date of gradu	ation	
Anticipated Costs:		Source of Estimate or Explanation:
Travel	\$	
Pier diem	\$	
Registration	\$	
Misc.	\$	
TOTAL:	\$	
Funds Requested or Av	vailable (excluding the	is request)
Source	Amount	
<u>Department</u>	\$	awarded/requested (circle one)
		awarded/requested (circle one)
		awarded/requested (circle one)
		awarded/requested (circle one)
Total	\$	
Total Funds Requested * * *	from CLAS: \$	* * * * * *
		received from University sources during the last

^{*}In addition to this cover sheet, which will be accompanied by the Chair's evaluation, you may submit an additional two pages (maximum) of supporting material. You may include, for example, an abstract of your talk or a letter to the Committee detailing the importance of your receiving travel support at this time.

CLAS Graduate Committee

Request for Funds for Travel

This portion to be filled in by Chair and entire ap College Travel Committee. Chairs are encourage in lieu of this form.	
Chair's Evaluation (A brief statement of the apprand Ranking of the Proposal relative to others	
Dollar amount contributed by the Department:	Ranking from 1 to 5 (1 being the highest)
\$	
Chair's Signature	

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