

Dean's Office | E2-290 EITC | Ph: (204) 474-7377

## APPLICATION FOR GRADUATE STUDENT TRAVEL FUNDING

Student Name:	Student #:
Department:	Master's/Ph.D.:
U of M Email:	Phone:
Faculty Advisor:	
Conference Name:	
Date of Conference:	Location:
Name of Paper:	
Have you received previous travel funding	g from the Dean's Office? Yes No
If yes, when?	

BUDGET

Estimated Costs:		Funding Sources:	
COST	AMOUNT (\$)	SOURCE	AMOUNT (\$)
Registration			
Travel			
Accommodations			
Meals			
TOTAL:		TOTAL:	

## Please print this completed form and have it signed by the student's faculty advisor.

I certify that this paper has been accepted for presentation at the above-named conference and this student will be presenting the paper.

Signature of Faculty Advisor

Date

NOTE: Maximum award is \$250. Students are eligible for only one travel award per degree.