

Application for College of Arts and Sciences Student Travel Support

Please print or type

Applicant Department/program

Student ID Number Telephone

Email

Student Address

Dates of Travel: from _____ to _____

I. Brief summary of travel activity and how it promotes or advances student learning (200 words maximum):

II. Budget:

Airplane, train etc. fare \$

Automobile \$

Anticipated mileage

Check one:

University

Rental

Personal

Lodging \$

Nights

Registration fees, etc. \$

Per diem \$

Days

Miscellaneous (e.g. permits, licenses)	\$
Total Required	\$

III. Sources of matching support and amounts (indicate if already approved)

Total Matching Support	\$
IV. Requested from CAS	\$
V. Support granted by CAS	\$

VI. Required Signatures:

Student traveler _____

Faculty sponsor signature _____

Faculty sponsor typewritten name

Department Chair/Program Director _____

Fiscal officers signatures for matching support:

1. _____ Name and unit:

2. _____ Name and unit:

3. _____ Name and unit: