GRADUATE STUDENT TRAVEL FUND APPLICATION and PREAPPROVAL

* * Please print clearly * *

3 pages to complete

Part 1: To be completed by the graduate student applicant. ALL fields must be completed.

Applicant's name
Applicant's email address
Destination (City, State, Country)
Dates of Travel
Official name of the conference (or description of activity if this is not a conference)
Official website address for the conference (or institution if this is not a conference)
If you are giving a presentation, indicate your complete title
Qualifying Exams passed? (dates)
Comprehensive Exams passed? (dates)
If using your yearly Travel Fund for this trip, please complete the following. If other travel funding being provided, please complete the information on page 3.
Check the box corresponding to your yearly Travel Fund limit for the current academic year.
□ \$600: passed the Comprehensive exam
☐ \$400: passed both Qualifying Exams but have not passed the Comprehensive Exam
☐ \$100: have not passed both Qualifying Exams
Reimbursement requested for this trip: (meals with receipts / meal per diems / mileage / gas with receipts / hotel stay / etc.)

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3 pages to complete

Part 2: To be completed by the Academic Advisor. Before signing, the Academic Advisor should verify that all information completed by the student in Part 1 is accurate.

Academic Advisor's name
Academic Advisor's statement in support of this travel
Academic Advisor's signature and date
low will courses be covered in Graduate Student's absence?
Contact information.
Contact information:
Course Coordinator's signature and date
Applicant's signature and date
Approved:

Source of Funding

	ased only on Qualif ng section is comp		sive Exams please check here: 🔲 and mak	e
If using travel fun	ding other than Gra	aduate Student Trav	vel Funds please complete the following:	
Source of Funding	– check all that ap	oply:		
☐ Analysis	☐ Algebra	☐ Colloquium	☐ Differential Equations	
☐ Geometry	Grad	☐ Number The	eory	
Collaboration	with			
Other				
Amount / categori	es reimbursed by s	seminar or colloquiur	ım	
Amount / categori	es reimbursed by o	collaborator		
Amount / categori	es reimbursed by o	other source		
Compensation info	ormation / categori	es – Please indicate	all that will apply.	
		•	el is completed, attach all original receipts and ment processing or proof with statement	
Transportation (v shuttle, gasoline,	vhat type: mileage, etc.?)	, car rental,		
	(how many nights			
	with receipts or pe	er diem?)		
Other (please ex	olain)			
PI Signature if pai	d by grant and dat	e		
	r / colloguium orga	nizer signature and	date	