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

How will courses be covered in Graduate Student’s absence?

______________________________________________________________________________

Contact information:

______________________________________________________________________________

Course Coordinator’s signature and date

______________________________________________________________________________

Applicant’s signature and date

Approved: ________________________________________________________________

Shuguang Wang, Chair  / date
Source of Funding

If using funding based only on Qualifying or Comprehensive Exams please check here: □ and make sure Page 1 Funding section is completed.

If using travel funding other than Graduate Student Travel Funds please complete the following:

Source of Funding – check all that apply:

☐ Analysis       ☐ Algebra       ☐ Colloquium       ☐ Differential Equations

☐ Geometry       ☐ Grad          ☐ Number Theory

☐ Collaboration with ____________________________

☐ Other ____________________________

Amount / categories reimbursed by seminar or colloquium ____________________________

Amount / categories reimbursed by collaborator ____________________________

Amount / categories reimbursed by other source ____________________________

Compensation information / categories – Please indicate all that will apply.

Note: when submitting reimbursement request after travel is completed, attach all original receipts and proof of payment. All card transactions should show payment processing or proof with statement

<table>
<thead>
<tr>
<th>Transportation (what type: mileage, car rental, shuttle, gasoline, etc.?)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Accommodations (how many nights?)</td>
<td></td>
</tr>
<tr>
<td>Meals (reimburse with receipts or per diem?)</td>
<td></td>
</tr>
<tr>
<td>Other (please explain)</td>
<td></td>
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</tbody>
</table>

PI Signature if paid by grant and date

__________________________________________________________________________

Approving seminar / colloquium organizer signature and date

__________________________________________________________________________