

# Department of Educational Leadership and Policy

## Graduate Student Travel Assistance Application

*Application must be received by ELP Department one month or more prior to the intended travel in order to make cost-effective travel arrangements. Travel arrangements should be coordinated with the ELP Department Administrative Assistant.*

NAME:

DEGREE PROGRAM IN WHICH ENROLLED:

PURPOSE OF TRAVEL REQUEST (name of workshop or conference to be attended, conference location, and role you will play in the conference program):

ANTICIPATED TRAVEL EXPENSES:

Conference Registration \_\_\_\_\_  
Estimated flight/transportation expense: \_\_\_\_\_  
Estimated hotel expense: \_\_\_\_\_  
Number of days of travel (per diem): \_\_\_\_\_  
TOTAL MONETARY REQUEST: \_\_\_\_\_

HAVE YOU APPLIED FOR GRADUATE SCHOOL TRAVEL SUPPORT FOR THIS TRIP? \_\_\_\_\_ IF YES, HOW MUCH SUPPORT WERE YOU AWARDED? \_\_\_\_\_

HAVE YOU APPLIED FOR TRAVEL SUPPORT FOR THIS TRIP FROM ANOTHER UNIT, PERSON, OR AGENCY (e.g. ASUU, various student organizations, supervising faculty member, other university offices)? \_\_\_\_\_ IF SO, HOW MUCH MONEY WAS AWARDED TO YOU? \_\_\_\_\_

HAVE YOU APPLIED FOR AND HAD TRAVEL SUPPORTED BY THE ELP DEPARTMENT IN THE PAST? IF SO, LIST EACH BELOW AND THE DOLLAR AMOUNT GRANTED.

DATE (Mo/Yr)	PURPOSE	AMOUNT OF ELP SUPPORT
_____	_____	_____
_____	_____	_____
_____	_____	_____

HOW IMPORTANT is it for you to participate in this professional conference?

Very Unimportant 1 2 3 4 5 Very Important (circle one)

Please explain:

Acceptance of travel support monies carries with it the responsibility to fully participate in the conference activities, particularly those for which the travel was expressly intended.

STUDENT SIGNATURE

DATE

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Please return completed application to the ELP Department Administrative Assistant,  
MBH 339

FOR ELP DEPARTMENT USE ONLY

TO BE COMPLETED BY APPLICANT'S MAJOR PROFESSOR OR ADVISOR:

On a scale of 1-5 how important is this trip to the student's academic career?

Very Unimportant 1 2 3 4 5 Very Important

Please comment or explain:

TO BE COMPLETED BY DEPARTMENT CHAIR (OR DESIGNEE):

Approved? YES NO (circle one)

Approved for: \$\_\_\_\_\_

Dept Chair Signature: \_\_\_\_\_

Date: \_\_\_\_\_