Department of Anatomy & Neurobiology

Request for Travel Funds for Graduate Student Support

To defray the expenses related to the research dimension of graduate education

Amount of Request: __________________
(Maximum request is $500.00)

Date: __________________

Student’s name________________________  Signature: ____________________________

Advisor’s name: __________________________

Nature of Request: Attach additional sheets if necessary, completed forms should be submitted with travel authorization request. Explain purpose for funds and need.

__ I have __ have not applied for Student Travel Funds from The Graduate School (if not, explain below).

__ I am __ am not presenting at this meeting (attach a copy of the abstract and any acceptance notification).

Advisor/ Mentor: Please comment on the significance of the proposed activity or project a how it will bring recognition to the Department of Anatomy & Neurobiology.

Advisor’s Signature__________________________

Approval: Yes_______ No_________  Approved Amount: __________________

Signature: ____________________________  Approval Date ________________

Wayne Cass, Ph.D., Director of Graduate Studies

Approval: Yes_______ No_________  Account Number: __________________

Signature: ____________________________  Approval date: ________________

Julie Poole, Department Administrator