

Department of Mathematics – Graduate Student
Travel/Research Grant Application
Academic Year 2016-2017

****Please complete and return this form to Larissa Kennedy, Office 331, prior to your trip****

Date: _____ HUID#: _____

Name: _____

Local Address: _____

Name of Meeting/Conference: _____

Location of Meeting: _____

Dates of Travel: _____

Purpose of the Meeting/Travel: _____

Reason for attending the meeting (e.g. present paper, etc.) _____

Are you teaching this term? Yes No

Amount Requested: \$ _____

Sources of funding: Conference Travel Grant Other

Is this your first request for travel funding? Yes No

Name of your advisor: _____

Advisor's Approval and Signature

This trip is academically justified: _____ Date: _____

Advisor's Signature

**The department is requesting that academically justified student travel be funded from
Advisor grant funds when possible.**

I am able to provide funding for this trip.

Grant to be charged: _____

Students who are teaching should not plan travel during the term. In exceptional cases, you may request permission from your course head for travel of one week or less. You must help arrange teaching coverage during your absence.

Course Head Approval

Signature: _____ Date: _____