**Graduate Student Association**

**Graduate Student Travel Award Cover Page**

A complete application includes this form and the six documents listed below. Deadlines for applications are: January 1, April 1, June 1, and October 1.

Nominee's Name:

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | Last |  |  |  |  | First |  |  | Middle |
| Student ID: |  | Email Address: |  |  |  |  |  |  |  |
| Graduate Major: |  |  |  |  | Degree Sought: |  | Terms in the Degree Program |  |
| Date Oral Prelim Passed (PhD students only): |  |  |  |  | Anticipated Graduation Date: |  |  |
| Home Department of Advisor |  |  |  |  |  |  |  |  |  |
| Name of Meeting: |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Meeting Sponsor: |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Location of Meeting: |  |  |  |  |  |  | Dates of Meeting: |  |

Attach the following items in the order listed:

1. A copy of the submitted abstract or submitted product. Include the title, the authors in the order they appear in the submission and the abstract.
2. Student's statement of the importance and value of the meeting. If relevant, details of workshops, job interviews, project development, journal article writing, field trips, networking sessions, leadership in the sponsoring agency, and collaboration that will occur. (one page or less).
3. Notification of acceptance of presentation OR indicate the acceptance is pending and when notification is expected. Indicate whether this will be an oral or poster presentation.
4. Student's curriculum vitae.
5. Budget. Include an itemized list of ground and/or air transportation, meals, lodging, meeting registration fee, abstract fee, other, a justification/explanation of the costs, and the total cost and amount requested from the Graduate School. Attempts to economize are important.
6. From your advisor: Statement of stature of the meeting or conference relative to conferences in the field, and acceptance rate of submissions. (Be sure to explain the purpose of this letter to your advisor.)

Printed name, signature, and date of your advisor

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Printed Name |  | Signature |  | Date |  |
| Percent of meeting cost covered by the Department | %. |
| Percent of meeting cost covered by a grant, contract, or other source |  | %. |
| Percent of meeting cost self funded by the student |  | %. |
| Percent of meeting cost requested in this application |  | %. |
| Total |  |  |  | 100 %. |
| Total dollar amount requested from the GSA (max $300) |  | $ |  |

*Revised November, 2014*