

Department Student Travel Support Application

All fields required.

Student Information

Name: _____
Last, First

KU ID: _____

Mailing Address: _____
Street Address, Apt/Unit

City, State, Zip

Phone Number: (_____) _____ Email: _____
Area Code Number

Degree & Program: _____ Advisor: _____

Conference/Meeting Information

Conference/Meeting Name: _____

Conference/Meeting Location: _____

Presenter

I am a primary presenter/first author and have attached a list of all presentations which I am involved in (including titles and co-authors/co-presenters).

I am a co-presenter/secondary author and have attached a list of all presentations which I am involved in (including titles and other authors/presenters).

I am attending but not presenting.

Faculty Attendance

I am attending with faculty member: _____

A faculty member will not be attending with me.

Travel Information

Travel Start Date: _____ Travel End Date: _____

Travel Funding Amount Requested: \$ _____

I would like help with prepayment for expenses.

I do not need help with prepayment expenses.

Estimated Travel Expenses

Registration Fees \$ _____ Airfare \$ _____

Lodging/Hotel \$ _____ Car Rental \$ _____

Taxi, Bus, Tolls, Parking \$ _____ Other: _____ \$ _____

Signature: _____ Date: _____

Advisor's Signature: _____ Date: _____

Department Use Only

Total Amount Approved for Travel: \$ _____ Signature of Chair: _____