

Total Grant Requested : \$ _____

FACULTY INTERNATIONAL TRAVEL FOR CONFERENCES
APPLICATION FORM

1. Name: _____ Empl ID: _____

2. Home address: _____

3. Telephone numbers: (home) _____ / _____ (office) _____ / _____

4. Present rank or title: _____

5. Field of specialization: _____

6. Department: _____

7. Full name of meeting to be attended: _____

8. Location and dates of meeting: _____

9. Sponsoring organization: _____

(If the sponsor is not an international organization, describe on a separate sheet the nature of the meeting and its international character.)

10. In what foreign languages to be used at the meeting do you communicate?

11. To what learned societies (representing major disciplines) do you belong?

12. Explain the capacity in which you will attend meeting:
(a) Reading a paper entitled (if not sole author, so state) _____

Is this an "invited paper?" _____ No _____ Yes
Has paper yet been accepted by the organizers? _____ No _____ Yes

(b) Participating as an officer or member of governing board or planning group of the international organization named in #9 above (give title and duties)

(If you are not the only American with a governing or planning role, please describe the situation on a separate sheet.)

(c) Other official role _____

13. Include with your application a brief abstract (ca. 300 words) of your paper if you are reading a paper and a statement of purpose setting forth the importance of your presence at the meeting. In addition, provide any other information you may have about the meeting such as a list of the participants, the program content, etc.
14. Anticipated date of departure from the United States: _____
15. At currently established rates, what is the projected standard economy class airfare? (Please provide written statements from two travel sources.)

16. Amounts and sources of non-university support available or applied for toward your travel:

17. Expenditures: Carefully explain how you arrived at the figures in each of the categories for which you claim the expenses.
- Registration: _____
- Lodging: _____
- Meals: _____
- Travel (attach two airfare estimates): _____
- Other: _____
- Total Requested: _____

SIGNATURES:

_____	_____
Applicant	Date
_____	_____
Department Chair	Date

Comments:

Chartfields for transfer of funds:

_____	_____	_____	_____	_____
Budget Year	Fund	Dept ID	Program	Class
_____	_____	_____	_____	_____
Dean/Unit Head				Date

10/06

Return completed form to the Office of Research, 530 David M. French Hall.