

ROBERT E. STITZEL GRADUATE STUDENT TRAVEL AWARD APPLICATION

1.	Name:	(Last)		(First)	
2.	Address:	(Street)			
		(City, State)		(Zip Code)	
3.	Telephone:				
4.	ID Number:				
5.	Program:	(Degree)	(Department)	(College or School)	
6.	Date Admitted to I	Program:			
7.	Graduate Program Advisor:				
8.	Please supply a copy of the acceptance letter or letter of invitation from the organizing body of the conference or workshop.				
9.	Please make available a copy of the agenda of the conference or workshop itself.				
10.	Please include the abstract of the paper being presented.				
11.	Please attach a statement detailing expected travel costs and providing evidence of travel arrangements that have already been made.				
12.	Please provide a statement of any other funding to be provided by your college, school, or department.				
13.	Please request that your graduate program advisor append a letter of support to your application.				
SIG	ENATURES				
Applicant:				Date:	
Advisor:				Date:	
ICA	TIONS MUST RE DE	CEIVED BY GDAT	NIATE EDUCATION &	· Life one month prior to trave	