

Student's Trip ID/Travel Authorization Number # _____

Applicant's Information

NAME (LAST, FIRST, MIDDLE INITIAL)		10 DIGIT ASU AFFILIATE ID#
ASU EMAIL ADDRESS		DAYTIME PHONE (WITH AREA CODE)
CONFERENCE LOCATION (CITY, STATE)		CONFERENCE/WORKSHOP DATES
COLLEGE	DEPARTMENT	DEPARTMENT SUPPLYING FUNDING
APPROXIMATE AMOUNT OF ROUND-TRIP AIRFARE \$	AMOUNT OF DEPARTMENT COST SHARE \$	UNIVERSITY ACCOUNT NUMBER #
APPLICANT'S SIGNATURE		DATE

The signatures below attest the following information is true and accurate:

1. The student will be attending the conference/workshop referenced above;
2. The student is in good academic standing; and
3. The source of funds, amount of funds and university account number are correct.

Applicant's Advisor/Committee Chair

PRINT/TYPE NAME	CAMPUS PHONE (WITH AREA CODE)
SIGNATURE	DATE

Academic Unit Chair/Director or Graduate Director

PRINT/TYPE NAME	CAMPUS PHONE (WITH AREA CODE)
SIGNATURE	DATE

Prioritization _____ (attach criteria if not already forwarded to Graduate Education)

Applications must be prioritized and forwarded to Graduate Education by the unit. Travel Authorization Process must be completed. Travel Office will not accept forms without appropriate departmental signatures. Graduate Education will forward a copy to the Travel Office to encumber funding. The original will be sent to the department for the student to complete upon return from trip.

Please note: All boxes must be completed, including "department supplying funding," "amount of department cost share," and "university account number."

Submit this form or to ask questions:

To Email Print, get department signatures, scan and send as an attachment to mjbrow11@asu.edu

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