



Graduate Student Senate

O H I O U N I V E R S I T Y

THE GRADUATE STUDENT SENATE TRAVEL GRANT APPLICATION FORM

Submission

Semester of Application

Applicant

Name

PID

OHIO ID

Graduate Level

Year

College

Department

Administrator

Administrator's E-mail

Travel

Name of Conference/
Workshop/Performance

Location

Start Date

End Date

Signatures

By signing this document, I agree to all the terms and conditions of the Graduate Student Senate Travel Grant Program.

PI's Signature

Date

As the faculty advisor, I hereby certify that the student is undertaking the above-mentioned travel. By signing below, I confirm my understanding that the student, if funded, is required to submit a Final Report to the Graduate Student Senate. Failure to submit the Final Report will jeopardize future Graduate Student Senate funding opportunities available to graduate students in my department, as well as possibly jeopardize my department's ability to obtain University-wide funding.

Advisor's Signature

Date

Advisor's Name

As the Graduate Chair, I hereby certify that the above student is enrolled in the graduate program of this department and that I am fiscally responsible for this student.

Graduate Chair's Signature

Date

Graduate Chair's Name