



Graduate Studies and Research

TRAVEL FUNDING Request for Graduate Students

PLEASE COMPLETE.

Date: _____

Student Name: _____ FAMU ID# _____

Address _____

City/State/Zip: _____

E-mail: _____ ; Telephone #: _____

Department/Program: _____

School/College: _____

The above student is registered this semester and is making satisfactory progress towards his/her degree.	
_____ Name of Major Professor (Print)	_____ Signature of Major Professor

A signature is required from the major professor, the department chair or the Graduate Coordinator, and the Dean of the school or college with or without funding .				
Funding Source	Name/ E-mail	Signature	Account #	Amt. (\$)
Major Professor				
Department Chair/ Graduate Program Coordinator				
School/ College Dean				
Other (Specify)				
Total Funds Requested from SGSR				\$
Disapproved: <input type="checkbox"/> Amount Approved: \$ _____ Date: _____ <small>December 2011_VT</small>				