

# CONFERENCE TRAVEL AWARD APPLICATION

Graduate College, 204 Coble Hall, MC-322

- DEPARTMENTS PLEASE COMPLETE BOTTOM SECTION
- STUDENT MUST BE REGISTERED THE SEMESTER THIS AWARD IS GRANTED
- UNSIGNED OR INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE DEPARTMENT

Please direct all questions to [grad@uiuc.edu](mailto:grad@uiuc.edu) or call 3-4610.

## Part I (to be completed by graduate student)

Date of Application \_\_\_\_\_ Applicant's UIN \_\_\_\_\_

Name: (Mr.) (Ms.) \_\_\_\_\_  
(Please circle one) (Last) (First) (MI)

Graduate Department \_\_\_\_\_  
(Dept.) (Address) (Mail Code)

E-mail \_\_\_\_\_

Name of Conference \_\_\_\_\_

Location \_\_\_\_\_

Brief Title of Paper or Presentation \_\_\_\_\_

Dates of Conference \_\_\_\_\_

ANTICIPATED CONFERENCE EXPENSES:	
TRAVEL	_____
LODGING	_____
MEALS	_____
OTHER EXPENSES	_____
<b>TOTAL EXPENSES</b>	_____
<b>DEPT SUPPORT</b>	_____

## SIGNATURES:

\_\_\_\_\_  
Student Signature Department Representative Signature

\_\_\_\_\_  
Print Name Department Representative

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## Part II (to be completed by student's department)

The Department of \_\_\_\_\_ agrees to support this student's application for a Graduate College Conference Travel Award. The department has agreed to provide support in the amount of \_\_\_\_\_ toward the student's expenses.

\_\_\_\_\_  
Department representative's signature

\_\_\_\_\_  
Date