

Graduate Student Conference Travel Award Application

Name:								
Faculty Advisor/Ch	air:							
Name of Conference	ce:							
Location of Confere	ence:							
Dates of Conference	e:							
Link to Conference	website	e:						
Please describe wh success in the grad			d in atter	nding this c	onferen	ce and why	it will be beneficia	l to your
Please attach or inc						·		
Airfare or Mileage if driving	Hotel ((name, rate, # of nts)	Ground Transpo	Ground Fransportation		ration	Other Expenses (please explain)	-
				Amo		or Trip ot of Request		
External Funding R	equests	s For This T	<u>rip</u> (Grad	College, C	SPSA, c	onference h	nost):	
Name of Organization		Already Requested? (Y/N)		Amount Requested		Amount Funded OR Date Funding Decision Expected		
Faculty Advisor/Ch	air Appr	oval (signat	ure or at	tach email	approva	ıl):		

Please email your completed form to Bridget.Perez@asu.edu for consideration.