

Graduate College Use Only			
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Score _____	Award amount \$ _____
Authorized signature _____			

APPLICANT'S INFORMATION:

Name (Last, First, Middle initial)		ASU Affiliate ID
ASU Email		Daytime phone (with area code) ()
Conference location (city, state)		Conference 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 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:

Name (please type)	Signature
Date	Campus phone

ACADEMIC UNIT CHAIR/DIRECTOR OR GRADUATE DIRECTOR:

Name (please type)	Signature
Date	Campus phone

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

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

Applications must be prioritized and forwarded to the Graduate College by the unit.

Travel Authorization must be completed to the extent possible. Travel Office will not accept forms without appropriate departmental signatures. The Graduate College 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.