WKU EDUCATIONAL LEADERSHIP DOCTORAL PROGRAM SUPPORT REQUEST This request must be approved <u>before</u> expenses are incurred.

Applicant Information: I hereby certify this activity involves **Applicant Name:** official University business relevant (Please print) Signature to the duties of my position. Faculty | Staff Student Applicant Status (Please check): WKU Employee Not a WKU Employee **Applicant Employment Status (Please check):** Note: For research activities, student must submit a copy of their project's IRB approval documentation to the Doctoral Program office with this request. A faculty signature for student authorization must accompany this application. **Faculty Signature Activity Information:** Type of Activity (Please check): Professional Development Scholarly Conference/Presentation Research Beginning date of activity: **Ending date of activity:** Brief description of activity: If traveling, destination (city, state): TOTAL projected expense for this activity: **Amount Description of Expense** Expense \$ Airfare: \$ Registration: \$ Lodging: \$ Meals: \$ Other Transportation: \$ **Miscellaneous Expenses:** \$ **Miscellaneous Supplies: TOTAL EXPENSES:** \$ **SUPPORT REQUESTED:** \$ For <u>research activities</u>, please describe how each of the projected expenses relates to conducting this research activity: For <u>all other activities</u>, please describe how the projected expenses relate to your doctoral program of study: Date Form Submitted Amount approved by Director Director's Signature