

**WKU EDUCATIONAL LEADERSHIP DOCTORAL PROGRAM SUPPORT REQUEST**

*This request must be approved before expenses are incurred.*

**Applicant Information:**

<b>Applicant Name:</b> _____ (Please print)	<i>I hereby certify this activity involves                  official University business relevant                  to the duties of my position.</i>	_____ Signature
<b>Applicant Status (Please check):</b> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/>		
<b>Applicant Employment Status (Please check):</b> WKU Employee <input type="checkbox"/> Not a WKU Employee <input type="checkbox"/>		
Note: For research activities, student <u>must</u> submit a copy of their project's IRB approval documentation to the Doctoral Program office with this request. A faculty signature for student authorization <u>must</u> accompany this application.		_____ <b>Faculty Signature</b>
Students seeking research funds should also apply for aid through the Graduate School at: <a href="https://www.wku.edu/graduate/documents/aid/grants/updated_research_application_03272018.pdf">https://www.wku.edu/graduate/documents/aid/grants/updated_research_application_03272018.pdf</a>		

**Activity Information:**

<b>Type of Activity (Please check):</b> Professional Development <input type="checkbox"/> Scholarly Conference/Presentation <input type="checkbox"/> Research <input type="checkbox"/>		
<b>Beginning date of activity:</b> _____	<b>Ending date of activity:</b> _____	
<b>Brief description of activity:</b> _____		
<b>If traveling, destination (city, state):</b> _____		

**TOTAL projected expense for this activity:**

Expense	Amount	Description of Expense
Airfare:	\$	
Registration:	\$	
Lodging:	\$	
Meals:	\$	
Other Transportation:	\$	
Miscellaneous Expenses:	\$	
Miscellaneous Supplies:	\$	
		<b>TOTAL EXPENSES:</b>
		\$
		<b>SUPPORT REQUESTED:</b>
		\$

*For research activities, please describe how each of the projected expenses relates to conducting this research activity:*

  
  
  
  

*For all other activities, please describe how the projected expenses relate to your doctoral program of study:*

  
  
  
  

\_\_\_\_\_ Date Form Submitted

\$ \_\_\_\_\_ Amount approved by Director

\_\_\_\_\_ Director's Signature  
05/02/2018