1906 College Heights Blvd. #11010 | Bowling Green, KY 42101-1010 | Phone: 270-745-2446 | Fax: 270-745-6950 | [gstravelapp@wku.edu](mailto:gstravelapp@wku.edu)

Funding from the Provost's Initiatives for Excellence and the Graduate School makes this conference funding possible. Travel funds are intended for students traveling to present at professional meetings and conferences. Limited funding is available.

Please include the following items as an attachment(s) with this application:

1. A synopsis of your travel (why you want to go, what you hope to gain from the experience, contacts you might make, etc.)

2. An abstract or synopsis of the paper you plan to present at the conference AND your acceptance notification

3. A detailed budget of all anticipated expenses (airfare, meals, lodging, etc.) submitted on the Graduate School [budget form](http://www.wku.edu/graduate/aid/travel_grant.php).

If awarded funding upon your return you will be required to turn in the following materials to be reimbursed for your travel expenses:

1. Travel Expense Voucher and itemized final budget

2. Receipts

3. Create/maintain a [Student Engagement Activities Transcript](http://www.wku.edu/seat/directions.html)

Name

Last First M/M

WKU ID # Department

Travel Destination \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates of travel -

Trip Amount $ Amount Requested $ Expected date/term of Graduation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you receiving other financial assistance to support this travel? Yes\_\_\_\_ No\_\_\_\_ If yes, by whom?

**APPLICANT SIGNATURE** Date

**ADVISOR:** I endorse this activity and support it by requesting funding in the amount of $ .

Advisor Signature Date \_

Please evaluate the merit of this activity and the intended learning outcomes in the space below.

**DEPARTMENT HEAD:** I endorse this activity and support it with departmental funds in the amount of $ and request additional funds from the College Dean in the amount of $ .

Department Head Signature Date Please evaluate the merit of this activity and the intended learning outcomes in the space below.

**COLLEGE DEAN:** I endorse this activity and support it with departmental funds in the amount of $ and request additional funds from the Graduate School in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

College Dean Signature Date

Please evaluate the merit of this activity and the intended learning outcomes in the space below.