

**COLLEGE OF ENGINEERING
APPLICATION FOR FACULTY TRAVEL SUPPORT**

Date: _____

APPLICANT: Name _____ Rank _____ Office Phone _____
 Department: Civil Electrical Mechanical HCAC Dean's Office

During travel period, will you be on sabbatical leave or leave without pay? Yes No

If yes, indicate type, period and location of leave _____

MEETING: _____

Dates _____ Location _____

Departure Date _____ Return Date _____

Title of Presentation _____

RESULTS: Describe how this travel will benefit yourself, your department and the College.

FUNDS REQUESTED:

(1) Conference fee. \$ _____

(2) Domestic Travel		International Travel		
Airfare	_____	Airfare	_____	
Per Diem (\$650.00 max)	_____	Per Diem (\$1,040.00 max)	_____	
Ground Transportation	_____	Ground Transportation	_____	
TOTAL (max \$1,500.00)	_____	TOTAL (max \$2,000.00)	_____	
<i>(Domestic Travel)</i>		<i>(International Travel)</i>		\$ _____

TOTAL REQUEST: \$ _____

Are you seeking funds from other sources for the proposed travel?

Yes No If yes, please explain _____

Do you have an active grant or award which includes travel funds?

Yes No Please explain why you cannot use it _____

PLEASE ATTACH:*

- A copy of the abstract originally submitted and one-page description of the presentation. Include names of all co-authors - underlining the name of the presenter.
- Letter of invitation or acceptance of a contributed paper, or letter of invitation from potential funding agency.
- A separate signed statement from Department chair. It must address the importance of the meeting and how it ranks among other conference in the field.
- A list of professional travel during the past 24 months and the source of funds for each.
- A list of publications during the past three years.
- A list of your extramural grants and awards during the past three years and pending proposals. Please indicate sources, amounts and dates and whether you are the Principal Investigator or co-investigator.

*Please check the boxes to ensure that all items are included. Application will be RETURNED if any of the items are missing.

Signature of Applicant _____

Recommended Not Recommended—Department Chair _____ Date: _____

Approved Disapproved—Dean _____ Date: _____

Amount Approved \$ _____