



Office for Research and Graduate Education  
College of Agricultural Sciences  
217 Agricultural Administration Building  
814-865-5410

### College Of Agriculture Sciences Graduate Student Travel Award Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Adviser's Department: \_\_\_\_\_

Degree Sought: \_\_\_\_\_

Expected date of Graduation: \_\_\_\_\_

Is this trip for a National Meeting? YES \_\_\_ NO \_\_\_

Title of Presentation: \_\_\_\_\_

Name of Meeting: \_\_\_\_\_

Date and Location of the Meeting: \_\_\_\_\_

Have you received a Travel Award before from the Office of Research and Graduate Education?:

YES \_\_\_ NO \_\_\_

Is this the final presentation for your degree?: YES \_\_\_ NO \_\_\_

If NO, please explain why you seek funding: \_\_\_\_\_

Email Address of your department's Budget contact person: \_\_\_\_\_

Email Address of your Adviser: \_\_\_\_\_

How funding will be used: Airfare\_\_\_ Ground Travel\_\_\_ Lodging/Food\_\_\_ Registration\_\_\_ Other \_\_\_

(specify) \_\_\_\_\_

Other source of support: \_\_\_\_\_

\_\_\_\_\_  
Adviser or Unit Leader (print/type name)

\_\_\_\_\_  
Adviser's Signature

\_\_\_\_\_  
Date

**RETURN THIS FORM TO THE OFFICE FOR RESEARCH AND GRADUATE EDUCATION, 217 AGRICULTURAL ADMINISTRATION BUILDING.**