

Application for Financial Assistance for Professional Activities for Graduate Students

Name of Applicant _____ Date of Application _____

Social Security Number _____

Address

Phone _____

Please describe below the professional activities for which you are requesting financial assistance. Include the name and location of the conference, type of activity (e.g., presentation of paper), and estimated expenses. **Membership fees may not be included in expenses. Mileage is reimbursed at 36.5 cents per mile. Receipts for meals, lodging, and registration will be required for reimbursement.** After evaluating the applications on merit, the Graduate Dean, the Coordinator of Graduate Studies and one other Graduate Council member will select the recipients and set the amount of assistance given to each recipient.

Conference Name: _____

Conference Location: _____

Activity:

Signature of Applicant

Return application to the Office of Graduate Studies, Station 6350.