



DOC Travel Grant Application

Faculty/Advisor name & rank/title: _____

Student Name & ID number _____ Status: _____

Number of years in the program: _____ Number of conferences presented _____

Title of research project: _____

Name of conference where research is to be presented: _____

National conference: _____ or Regional conference: _____ Have you received DOC funds: _____

Location of conference: _____ Date of conference: _____

Provide a detailed budget for this trip, including the total funds being requested.

Total amount requested* _____

Hotel expenses: _____ Meals: _____

Transportation costs: _____ Other expenses: _____

Please list all other sources of financial support you have secured to help defray the cost of this trip.

Departmental support: _____

Other support: _____

Grant support: _____

Approved _____ Not Approved _____ Amount approved: _____

Department Chair Signature: _____