

College of Education and Health Professions
University of Arkansas

REQUEST FOR SUPPLEMENTAL SUPPORT FOR
GRADUATE STUDENT TRAVEL

(This form must be submitted prior to travel and as early in the fiscal year as possible)

Student Name: _____ Date: _____

Department: _____ Advisor Name: _____

Dates of Travel: From: _____ To: _____

Purpose of Travel (Location, name of conference or workshop, dates of attendance, brief description of the purpose of the travel, and presentation title): _____

Benefits of travel to the student, department, and/or college: _____

Estimate Total Cost of Travel: (according to UA policies)

Transportation	\$	_____
Registration	\$	_____
Lodging	\$	_____
Meals	\$	_____
Other _____	\$	_____
TOTAL		\$ _____

Student's Signature: _____ Date: _____

Funding: (This portion to be completed by Dept. Head)

\$ _____
Amount Committed _____ Department Head _____

Describe sources of funding stated above:

Student is: Full Time Part time

_____	_____	\$ _____
Date	Craig Edmonston	Amount Committed
	Associate Dean for Administration	