

FACULTY DEVELOPMENT TRAVEL GRANT APPLICATION

Name: _____ Date of Request: _____

MSU I.D. number: _____ E-mail: _____

Rank: _____ Tenured: ___ Yes ___ No

Travel Purpose: _____

Travel Dates: _____

Refereed ___ Invited ___ Professional Development ___

Type of Travel: ___ International ___ National ___ Regional ___ State

For conference presentations/performances, status: ___ Accepted ___ Under Review

Funding from other sources: _____ Amount _____ Type

_____ Amount _____ Type

Departmental Funding Request

Total Meals	
Total Lodging	
Registration	
Total Mileage	
Air Fare	
Other (specify):	
Total Amount Requested	

Number of travel grants for which you have received funding for this academic year: _____

Signature of applicant: _____

For committee use:

Proposal status: ___ Accepted ___ Rejected ___ Deferred

Amount funded: _____

Signature of Committee Chair: _____

Signature of Department Head: _____