MISSISSIPPI STATE UNIVERSITY™
DEPARTMENT OF MUSIC

FACULTY DEVELOPMENT TRAVEL GRANT APPLICATION – FY 2027

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 department use:

Proposal status:_____Accepted _____Rejected _____Deferred

Amount funded:_____

Signature of Department Head:_____