

Graduate Student Travel Support Worksheet

1. Student's Name: _____
2. CWID #: _____
3. Student's e-mail address: _____
4. Conference Title: _____
5. Conference Location: _____
6. Conference Start Date: _____ Conference End Date: _____
7. Oral Presentation Poster Session

Please attach a 1-page description of the presentation (with the full name, location and dates of the conference) and proposed budget. Include your name, email address and CWID in the header.

Funds Requested

Graduate School requires at least 1:1 match from other funds

	Amount requested
Grad School (max \$500)	
Department (max \$250)	
A&S (max \$250)	
Advisor/source:	
Total request: <i>(Not to be larger than budget total)</i>	

Advisor Signature: _____