

Graduate Student Travel Support Worksheet

1. Student's Name: _____
2. CWID #: _____
3. Student's e-mail address: _____
4. Tide Together participant or peer mentor: ___ Yes ___ No
5. Meeting: _____ Date: _____
6. Presenting your own research results: ___ Yes ___ No

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

Funds Requested

Source of Funding Request	Amount requested
Department (no additional form)	
Grad School (no form needed)	
A&S (no form needed)	
CGSO (attach form)	
Advisor (briefly describe source)	
Other	
Total request: <i>(Not to be larger than budget total)</i>	