**INSTRUCTIONS:** Complete all the information below and **electronically submit** this completed form along with your 1) Travel Authorization, 2) Conference Information, and 3) Presentation Acceptance Letter (if applicable) to maturo@etsu.edu. *Incomplete forms or forms without additional required documents will be returned and will not receive consideration*.

|  |  |
| --- | --- |
| Date Form Submitted: | Click or tap to enter a date. |
| Academic Year of Funding: | Choose an item. |
|  |
| 1. What is your current status?
 | Choose an item. |
| 1. If you are a graduate student, are you a graduate assistant?
 | Choose an item. |
| 1. If you are a graduate student, do you have a tuition scholarship?
 | Choose an item. |
| 1. Are you an international student?
 | Choose an item. |
|  |
| 1. Please provide the following contact information.
 |
| First Name: | Click or tap here to enter text. |
| Last Name: | Click or tap here to enter text. |
| Student ID (E#): | Click or tap here to enter text. |
| ETSU E-mail: | Click or tap here to enter text. |
|  |
| 1. Please provide the names of the college and department where your program/major is located.
 |
| College: | Click or tap here to enter text. |
| Department: | Click or tap here to enter text. |
|  |
| 1. Please provide the following academic information.
 |
| Number of Credit Hours Currently Enrolled: | Click or tap here to enter text. |
| GPA: | Click or tap here to enter text. |
|  |
| 1. Please provide the name and brief description of the conference below and describe how this conference will advance your academic and/or professional development.
 |
| Click or tap here to enter text. |

|  |
| --- |
| 1. Please provide information about the department or other funding sources and amounts you have already secured related to this request.
 |
| Funding Source (and Index): | Click or tap here to enter text. |
| Funding Provided: | $ Click or tap here to enter text. |
| Department Chair/Other Funding Source Printed Name: | Click or tap here to enter text. |
| Department Chair/Other Funding Source Signature: |  |

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| --- |
| 1. Please provide specific information on the type and amount of funding you are requesting from our office.
 |
| Registration: | $ Click or tap here to enter text. |
| Airfare: | $ Click or tap here to enter text. |
| Mileage (if driving, attach copy of Trip Optimizer): | $ Click or tap here to enter text. |
| Lodging: | $ Click or tap here to enter text. |
| Meals: | $ Click or tap here to enter text. |
| Other: | $ Click or tap here to enter text. |
| Other description (if applicable): | Click or tap here to enter text. |
|  |
| **\*TOTAL REQUEST:** | $ Click or tap here to enter text. |
|  |
| *\*Total request may not exceed $2,000.*  |

|  |
| --- |
| 1. Please provide your printed and signed name. By signing this form, you affirm:
* The information you have provided is accurate and complete.
* You have read and understand the University’s travel policy located here: [www.etsu.edu/policies/business-finance/generaltravel.php](http://www.etsu.edu/policies/business-finance/generaltravel.php)
 |
|  |
| Printed Name: | Click or tap here to enter text. |
| Signature: |  |
| \*\*Section below to be completed within the Office of Equity and Inclusion\*\* |

# Vice President Decision

|  |  |  |
| --- | --- | --- |
| [ ]  Do Not Support | Reason: |  |
| [ ]  Support | Amount Recommended:  |  |
| VP Signature: |  | Date Signed: |  |

# Internal Office of Equity and Inclusion Funding Information

|  |  |  |  |
| --- | --- | --- | --- |
| Index Number(s): |  |  |  |
| Amount: |  |  |  |