**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](mailto:maturo@etsu.edu). *Incomplete forms or forms without additional required documents will be returned and will not receive consideration*.

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| --- | --- | --- | --- | --- | --- |
| 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. | | | | | |

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| 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.* | | |

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| --- | --- |
| 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: |  |  |  |