**Application for   
travel support**

The Graduate Student Travel Support Program will provide partial support for graduate students to participate in a conference, do field research, or attend workshops or specialized trainings. Although awards are made to M.A. and Ph.D. students at all stages in their programs, priority is given to doctoral candidates who passed their comprehensive exam. Applicants are **required** to have matching support from their advisor and also are strongly encouraged to seek matching support from other sources (<https://biology.missouri.edu/information-for-students/>). *Applications should be submitted electronically to Dr. John C. Walker (*[*WalkerJ@missouri.edu*](mailto:WalkerJ@missouri.edu)*) by* ***no later than one month prior to the activity for which funding is being requested****.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **APPLICANT INFORMATION** |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | Name |  | Student Number |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | Email |  | Primary Advisor |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | Degree Program (MA, PhD) & Year Enrolled |  | If Ph.D., month & year of Comp Exam |  |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **ACTIVITY INFORMATION\*** |  |  |  |
|  |  |  |  |  |
|  |  | | |  |
|  | Name of Activity |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | Dates of Activity |  | Location of Activity |  |
|  |  |  |  |  |
|  | ***\*****Please submit an abstract for your oral/poster presentation along with this application, if activity for which funds are requested is a meeting and/or conference.* | | |  |
|  |  | | |  |

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|  | **EST. COSTS** | | |  |  | **OTHER SUPPORT** | | | | |  |
|  |  | | |  |  |  | | | | |  |
|  | Mileage and/or airfare |  | **$** |  |  | Advisor’s support **(REQUIRED)** | |  | **$** | |  |
|  |  |  |  |  |  |  | |  |  | |  |
|  | Registration fee |  | **$** |  |  |  | |  | **$** | |  |
|  |  |  |  |  |  |  | |  |  | |  |
|  | Hotel |  | **$** |  |  |  | |  | **$** | |  |
|  |  |  |  |  |  |  | |  |  | |  |
|  | Meals |  | **$** |  |  |  | |  | **$** | |  |
|  |  |  |  |  |  |  |  | |  | |  |
|  | Other |  | **$** |  |  | **AMOUNT REQUESTING FROM THE DIVISON** | | | | |  |
|  |  |  |  |  |  |  |  | | |  |  |
|  | **APPROX TOTAL COST** |  | **$** |  |  | **$** | | | | |  |
|  |  | | |  |  |  | | | | |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **PREVIOUS TRAVEL SUPPORT RECEIVED FROM THE DIVISION** | | | | | | |  | |
|  |  |  |  |  |  |  |  | |
|  | Activity |  |  | Month/Year |  | Amount |  | |
|  |  |  |  |  |  |  |  | |
|  |  |  |  |  |  | **$** |  | |
|  |  |  |  |  |  |  |  | |
|  |  |  |  |  |  | **$** |  | |
|  |  |  |  |  |  |  |  | |
|  |  |  |  |  |  | **$** |  | |
|  |  |  |  |  | | |  | |

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| --- | --- | --- | --- | --- |
|  | **REQUIRED SIGNATURES** |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | APPLICANT’S SIGNATURE & DATE |  | ADVISOR’S SIGNATURE & DATE |  |
|  |  |  |  |  |
|  |  |  |  |  |

Print out completed form and sign. Email to **WalkerJ@missouri.edu** the signed form and, if attending a meeting, a copy of the abstract of your poster or oral presentation. **Applications must be received no later than one month prior to the activity for which support is being requested.**