

# CONFERENCE TRAVEL AWARD APPLICATION

Graduate College, 204 Coble Hall, MC-322

- DEPARTMENTS PLEASE COMPLETE BOTTOM SECTION
- STUDENT MUST BE REGISTERED THE SEMESTER THIS AWARD IS GRANTED
- UNSIGNED OR INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE DEPARTMENT

Please direct all questions to [grad@illinois.edu](mailto:grad@illinois.edu) or call 3-0035.

## Part I (to be completed by graduate student)

Date of Application \_\_\_\_\_

Name: \_\_\_\_\_  
(First) (MI) (Last)

UIN: \_\_\_\_\_

Graduate Department: \_\_\_\_\_

Conference Location: \_\_\_\_\_

Name of Conference: \_\_\_\_\_

Brief Title of Paper or Presentation: \_\_\_\_\_

Dates of Conference: \_\_\_\_\_

Email: \_\_\_\_\_

ANTICIPATED CONFERENCE EXPENSES:	
TRAVEL	_____
LODGING	_____
MEALS	_____
OTHER EXPENSES	_____
<b>TOTAL EXPENSES</b>	_____

## SIGNATURES:

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Department Representative Signature

\_\_\_\_\_  
Print Name Department Representative

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## Part II (to be completed by student's department)

The Department of \_\_\_\_\_ agrees to support this student's application for a Graduate College Conference Travel Award.

\_\_\_\_\_  
Department representative's signature

\_\_\_\_\_  
Date