



FSU FACULTY TRAVEL GRANT APPLICATION

Please complete this application in its entirety and return it no later than March 15, by 5 p.m., for Spring travel of same year or no later than October 15, by 5 p.m., for Fall travel of same year to Maggi Vanos, Office of the Provost, 212 Westcott Building, Campus Mail Code 1310.

Note: This form will provide a print-friendly format—do not hand write application. Your information will not be sent electronically. Older versions of this application will not be accepted.

Full Name: _____ Date (MM/DD/YY): _____

Faculty Rank: Professor Associate Professor Assistant Professor

(All Applicants must be tenured or tenured earning)

FSU Department: _____

School/College: _____

Campus Mail Code: Telephone: Email Address: _____

Departmental Travel Representative: _____

Telephone: _____

Title of Meeting: _____

Location (City/State/Country): _____

Date of Meeting (MM/DD/YY - MM/DD/YY): _____

Please check one of the following:

Spring (Travel takes place between January 1 - June 30)

Fall (Travel takes place between July 1 - December 31)

Please check one of the following: Regional National International

Brief Description of Nature of Meeting and of the Sponsoring Organization: _____

Is this a regularly occurring meeting (annual, semi-annual, etc.)? Yes No

Title of Presentation: _____

Type of Presentation:

Paper Performance

Poster Other (Specify): _____

(NOTE: If a poster, provide evidence that this is the only option for presentation or that other forms of presentation are severely limited.)

Has your abstract, paper or presentation been peer reviewed? (i.e., was it reviewed for acceptance in the program?)

Yes No

Are you the presenter? Yes No

Co-Authors (if any) and their affiliation:

(NOTE: To be eligible, you must be the person who actually presented the paper)

Please indicate the total amount you are applying for (up to \$1000 within the U.S./\$1500 for International): \$

Check below each item of supporting documentation that you have appended. Please note that applications missing pieces of documentation will **not** be considered for an award.

Acceptance letter or e-mail (REQUIRED)

Conference program or printed web page(s) (can be preliminary) showing your name/presentation information, conference title, place, and date (REQUIRED)

Copies of actual receipts (if travel already taken) OR copies of estimates (from company/website)for: (REQUIRED)

Airfare / Railroad / Bus

Mileage (personal vehicle) (miles x \$0.445)

Rental car

Hotel

Taxi (estimate OK)

Conference registration fee

Parking fees (estimate OK)

Which alternative sources of support are available to you?

In which of the last three academic years (if any) have you received funds from this program? (If none, please list as NONE; for actual, list as per "Fall 2008," etc.)

Applicant Signature

Date

Department Chair or Head Signature

Date

NOTE: This form cannot be saved to your computer once it has been filled out. Please be sure to print as many copies as needed before you close the document.

9/4/2012