

presentation are severely limited.)

FSU FACULTY TRAVEL GRANT APPLICATION

Please return the entire application packet no later than March 15, by 5 p.m., for Spring travel of the same year or no later than October 15, by 5 p.m., for Fall travel of the same year.

Note: Please download this form *before filling it out*. Then save the form and submit it by email to provost@fsu.edu. Your information will not be transmitted electronically.

Full Name:		Date:		
EMPLID#:				
Faculty Rank:	Professor	Associate Professor	Assistant I	Professor
(All applicants	must be tenured	or tenure-earning.)		
FSU Departmen	t:			
College:				
Telephone:		Email Ad	dress:	
Departmental Tr	avel Representativ	e:		
Travel Represent	tative's Email Addı	ress:		
Title of Meeting:				
Location of Mee	ting:			
Date of Meeting	(MM/DD/YY – I	MM/DD/YY):		
Please check one	e of the following:			
Spring ((Travel takes place	between January 1 – June 3	0)	
Fall (Tr	avel takes place be	tween July 1 – December 31)	
Please check one	e of the following:	Regional	National	International
Brief Description	n of Nature of Mee	eting and of the Sponsoring	Organization:	
Is this a regularly	occurring meeting	g (annual, semi-annual, etc.)?	Yes	No
Title of Presenta	tion:			
Type of Presenta	ition:			
Paper/0	Oral	Performance		
Poster		Other (Specify):		
(NOTE: If a po	ster, provide evic	dence that this is the only	ontion for pres	entation or that other forms of

Has your abstract, paper	, or presentation	been peer reviewed? (i.e., it was reviewed for acceptance in the program)
Yes	No	This was an invited paper or talk (specify):
Are you the presenter?	Yes No	
Co-Authors (if any) and	their affiliations:	
(NOTE: To be eligible	e, you must be t	the person who actually presented the paper.)
Please check one:		
IN-PERSON (CONFERENCE	VIRTUAL CONFERENCE
Please enter the total am	ount you are app	olying for (up to \$1000 for domestic travel/\$1500 international): \$
Check below each item of	of supporting do	cumentation that you have appended. Please note that applications missing
pieces of documentation	will not be cons	idered for an award.
Acceptance lett	er or email (REC	QUIRED)
Conference pro	ogram or printed	web page(s) (can be preliminary) showing your name/presentation
information, co	onference title, lo	cation, and date (REQUIRED)
Copies of actua (REQUIRED):	1 \	el has already taken place) OR copies of estimates (from company/website) for
Airfar	e/Railroad/Bus	Mileage (personal vehicle) (# of miles x \$0.445)
Rental Car		Hotel
Taxi (estimate OK)	Conference registration fee
Parkir	ng fees (estimate	OK)
ALL T	RAVEL MUST	ADHERE TO CURRENT TRAVEL RESTRICTIONS.
Which alternative source	es of support are	available to you?
	-	(if any) have you received funds from this program (If none, please list as
NONE; for actual, list as	s "Fall 2023," etc	.)?
Applicant Signature (may	y be electronic) Γ	Date
Department Chair or He	ead Signature (ma	ny be electronic) Date

Please send signed form and supporting materials in one PDF document to provost@fsu.edu.