



Departmental Graduate Student Travel Award Request

Name _____ **Student ID** _____

Local Address _____
Street Address, Apt # City, State Zip Code

Email _____

Contact Telephone(s) _____

Program Higher Education (HED) Educational Leadership & Policy

Major Advisor's Name _____

Degree Program (check one) MA MEd EdD PhD

Are you currently a University of Arizona employee? Y N

Name of Conference _____

Type: International National Regional State/Local

Have you received or will you receive or have you applied for funding from any other source for travel to this conference? If so, please specify the nature of such support and when you expect to be notified of the status of your request.

Select one of the options below to indicate how you will participate in the conference:

- Paper or Poster (Title) _____
- Organizer or Discussant
- Elected Office (attendance is required by the organization)
- Other (Specify) _____

Amount of funding requested (not to exceed \$250) \$ _____

Rationale for this amount:



THE UNIVERSITY OF ARIZONA
COLLEGE OF EDUCATION

Educational Policy Studies & Practice

Educational Policy Studies & Practice Department (EPSP)
College of Education
1430 E. Second Street
P.O. Box 210069
Tucson, AZ. 85721-0069
520-626-7313
520-621-1875 (Fax)

Student Signature _____ **Date** _____

Business Office Signature _____ **Date** _____

Department Decision:

Approved Denied

Student notified: _____ Completed: _____