

Campus Box G-A217 Phone: 863-3281 Fax: 863-7411 e-mail: tracey_cronin@brown.edu

CONFERENCE TRAVEL APPLICATION FOR FUNDING

Date: _____

Student Name: _____ SIS ID #: _____

Graduate Program: _____ Student Entry Year: _____

CONFERENCE DETAILS:

Name of Conference: _____

Location: _____ Date: _____

Title of your paper / presentation: _____

Estimated costs – (*Be sure to include conference registration, travel, hotel, meals – a breakdown of costs should be attached.*)

Total estimated cost of Trip: _____

Program Contribution: _____

Mentor Contribution: _____

Other Contribution: _____
(Funds from other sources such as professional societies, etc)

Requested amount from Grad & Post doc Studies: _____

THIS APPLICATION MUST BE FILED WITH THE OFFICE OF GRADUATE & POSTDOCTORAL STUDIES AT LEAST ONE MONTH PRIOR TO THE DATE OF CONFERENCE AND MUST BE ACCOMPANIED BY A COPY OF THE STUDENT'S CONFERENCE ACCEPTANCE AND INVITATION LETTER. Return by e-mail, Fax, or Campus Mail to appropriate addresses listed above.

Student Signature

Date

Director of Graduate Study

Date

Office for Graduate & Postdoctoral Studies

Date