

Graduate Student Travel Award Signature Page and Cost Coverage Worksheet

Student Name:

Major Professor

Printed Name

Signature

Date

Department or Program Chair/Head/Director of the department or program that will manage the distribution of the funds.

Printed Name

Signature

Date

Cost Coverage Worksheet

Meeting cost covered by Department	_____	%
Meeting cost covered by a grant, contract, or other source	_____	%
Meeting cost self-funded by the student	_____	%
Meeting cost requested in this application	_____	%
Total	_____	100%
Total amount requested from the Graduate School	_____	\$