

**Nutritional Sciences Department  
Graduate Program**

**TRAVEL REQUEST FORM**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Conference Title: \_\_\_\_\_

Conference Dates \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Location of Conference: \_\_\_\_\_

Select One:

International Meeting

National Meeting

Workshop

Presenting:

Oral Presentation:

Poster Presentation:

Are You Presenting Your Own Data? Yes No

Receiving Financial Support from your Major Professor: Yes No

Have You Received Travel Funds From the NSGP Before: Yes No

If Yes, Date of Funding: \_\_\_\_\_

Attach an Estimate of Your Travel Expenses:

Attach Abstract (Maximum 250 Words), Letter of Invitation (if appropriate) or Rationale for Workshop

I approve of this student attending this conference/workshop \_\_\_\_\_

\_\_\_\_\_  
**Mentor Signature Required**

For office purpose:

Your funding request has been approved for \$ \_\_\_\_\_

Disbursement of this funding will be through \_\_\_\_\_