



# Conference Reimbursement Application

2017 – 2018 Graduate Student Council Forms

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

Program: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Location: \_\_\_\_\_  Check the box if you will be presenting

Check the box if you will pick up your check from Graduate Student Services

Check the box if you would like your check mailed

Mailing Address: \_\_\_\_\_

**Please attach the following documentation to this Conference Reimbursement Application:**

- A budget indicating the amount of funding requested and specific expenses the grant would cover, if awarded. Please include copies of any receipts of payment you may have, and note if you are receiving any other funding from the University or Sponsoring Organization. Attaching receipts of payment with the application form will expedite the reimbursement process.
- Letter of intent no more than 500 words briefly describing your accepted presentation and/or anticipated networking possibilities and professionalizing activities and why either or both are important to your graduate career.
- A resume or curriculum vitae.
- A document confirming your acceptance to present at the conference. (if applicable)
- A faculty member or advisor must complete the attached form attesting to the quality of a student's work and the benefit of attending the conference if the reimbursement exceeds \$100.

I certify that this information is complete and truthful. I have stated all other funding sources for this conference, and I will notify the committee if any funding is received. I understand that failure to comply with the guidelines or misrepresentation of information is grounds for denial of future funding and/or legal recourse.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

\*\*\*\*\*

OFFICE USE ONLY

AMOUNT APPROVED \$ \_\_\_\_\_

\_\_\_\_\_

GSC TREASURER'S SIGNATURE

\_\_\_\_\_

GSC ADVISOR'S SIGNATURE

**FALL APPLICATION DEADLINE: OCTOBER 25<sup>TH</sup>  
SPRING APPLICATION DEADLINE: MARCH 21<sup>ST</sup>**



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## Advisor / Faculty Confirmation of Conference Benefit

Faculty Member Name: \_\_\_\_\_ Department: \_\_\_\_\_

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

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

Additional Comments on the student and the conference listed above:

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By signing below, I confirm that this conference is beneficial to the student's academic experience and professional development.

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Faculty Member's Signature

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