

SALLY MCDONNELL BARKSDALE HONORS COLLEGE

APPLICATION FOR CONFERENCE TRAVEL FUNDS

Name _____

Local Address _____
Street City State Zip

Local Phone _____ E-mail _____ Student ID _____

Conference Name/Location _____

Dates of Conference _____ I will be presenting a paper poster

Title of Presentation _____

UM Faculty or Students with whom you will present (if any) _____

Please list other sources of funds (department, Student Life, Office of Research, Provost's Office, Vice Chancellor for University Relations, etc.) _____

(See back for Budget Sheet)

Total Amount requested from Honors College _____

Supervisor's Signature _____ Date _____

Honors Dean's Signature _____ Date _____

SALLY MCDONNELL BARKSDALE HONORS COLLEGE

APPLICATION FOR CONFERENCE TRAVEL FUNDS BUDGET

Please show a break-down of the total expected costs. Sample categories are listed; add any others that might apply.

Conference Registration Fee _____

Air fare (if applicable) _____

Lodging _____

Meals _____

Miscellaneous (please list) _____

BUDGET FOR ACTIVITY _____
(total of expected costs)