

# THE UNIVERSITY OF TEXAS AT EL PASO COLLEGE OF SCIENCE

## APPLICATION FOR STUDENT INCENTIVE FUNDS (STUDENT TRAVEL)

- Complete the form below (type or print legibly) and obtain the required signatures.
- Submit this form, with the original signatures to the College of Science (Bell Hall Room 100)
- Attach a copy of the program listing you as the first author or a copy of the conference invitation. Preference is given to those who have an official role (ex. Paper presentation)
- **No International Travel is supported thru this fund (Includes Canada and Mexico)**

### Student Information

Date \_\_\_\_\_

Student Name \_\_\_\_\_ ID# \_\_\_\_\_

Department \_\_\_\_\_ Major \_\_\_\_\_ UG\_\_\_ GR\_\_\_ PH.D. \_\_\_

Contact Address \_\_\_\_\_

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

### Conference or Professional Meeting Information

Conference/Meeting (Provide exact title) \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_

Site of Conference (Location) \_\_\_\_\_

Conference Dates: \_\_\_\_\_ Attendance Dates: \_\_\_\_\_

Date/Title of Presentation: \_\_\_\_\_

Co-Presenters: \_\_\_\_\_

Supervising Faculty (Print Name & **Signature Required**) \_\_\_\_\_

### Estimated Travel Costs

Transportation Cost: \$ \_\_\_\_\_ Air \_\_\_ Car \_\_\_ Other (Check One)

Lodging: Cost per Night \$ \_\_\_\_\_ Number of Nights \_\_\_\_\_ = Cost: \_\_\_\_\_

Conference Costs \$ \_\_\_\_\_ Other \_\_\_\_\_ **Total Cost** \$ \_\_\_\_\_

Matching Funds: Department Contribution \_\_\_\_\_ Chairs/PI Signature \_\_\_\_\_

Other Contribution \_\_\_\_\_

### FOR COLLEGE OF SCIENCE ONLY

APPROVED FOR \$ \_\_\_\_\_ NOT APPROVED \_\_\_\_\_

Dean's/Administrator Signature \_\_\_\_\_

Account # \_\_\_\_\_ **(NOTE: Department - You must provide Roxanne Giron x 5042 with a copy of the BIS transaction and related documentation – Send to CCSB 3.0206).**