



WHETTEN GRADUATE CENTER | 438 WHITNEY ROAD EXTENSION, UNIT-1152, STORRS CT 06269-1152
TELEPHONE: (860) 486-3617 | FACSIMILE: (860) 486-6739 | GRAD.UCONN.EDU

APPLICATION FOR DOCTORAL STUDENT TRAVEL FUNDING TRAVEL DATES: JANUARY 1, 2018 through JUNE 30, 2018

FIRST NAME

LAST NAME

STUDENT ID # (SEVEN DIGITS) NETID PHONE

EMAIL

Eligibility:

1. The applicant must be a doctoral student.
2. The applicant must have successfully completed at least 30 credits towards his/her degree program at UConn. If the student completed his/her master's program at UConn, he/she is required to have at least 15 credits toward the PhD program.
3. The funds must be used only for travel to meetings for which he/she is presenting his/her research.
4. The applicant must receive signature travel approval from his/her major advisor and department head below.
5. The applicant is not eligible if he/she has ever received a Doctoral Student Travel Award before.
6. Students based at UConn Health are not eligible to apply for this award.

Important Information:

Students are responsible for knowing any and all travel advisories and restrictions and should plan accordingly. Reimbursements for travel may be affected by restrictions. Please check with the travel office at <http://travel.uconn.edu/>. In addition, students should familiarize themselves with alerts and warnings issued by the U.S. Department of State. <https://travel.state.gov/travel/en.html/>.

Other Information:

1. Maximum amount of the award is \$750.
2. Funds for travel must be utilized during the requested time period (Jan 1-June 30 or July 1-Dec 31)
3. The award is for one-time use during the graduate student's academic career. Unused funds will not be available for future use. Funds are not available once the student has graduated.
4. Funds are intended to be used for reimbursement for requested travel purposes only.
5. Request for reimbursement must be submitted upon completion of travel and within 6 weeks after the completion of travel. See approval letter for date.
6. Funds are subject to the same campus-wide travel rules applied to faculty and staff.

Number of Doctoral Credits: Anticipated Date Of Graduation:

Department: Degree Program:

Department Financial/Business Manager:

Name of Conference:

Date of Conference (include travel dates): Conference Location:

Title of Presentation:

Amount of funds requested (up to \$750 max): Have you previously received DST funds?

Applicant Signature: By signing this document, you are certifying that the information provided is true to the best of your knowledge and that you meet all eligibility requirements listed above.

Applicant's Name Applicant's Signature Date

Advisor's Name Advisor's Signature Date

Department head name Department head signature Date