**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, 2019 through June 30, 2019**



**Eligibility:**

1. The applicant must have successfully completed at least 30 credits towards his/her degree program prior to the semester in which he/she is requesting funding. (a minimum of 15 credits have to be on the Doctoral Plan of Study)
2. The applicant must be a doctoral student.
3. The applicant is not eligible if he/she has ever received a Doctoral Student Travel Award in any amount.
4. The funds (up to $750) must be used only for travel to meetings at which he/she is presenting his/her research.
5. The applicant must receive signature travel approval from his/her major advisor and department head as indicated by their signatures below.

**Other Important Information:**

1. Application for travel funding must be sought and granted before any travel commences. A DST award will not be granted retroactively under any circumstances. Applications for retroactive trips will not be processed. There are no exceptions.
2. Funds for travel must be utilized during the time period requested on the application and during the fiscal period in which the application was submitted (Jan 1-June 30 or July 1-Dec 31).
3. Funds are intended to be used for reimbursement for requested travel only. They are not designed to be used for making travel arrangements.
4. Request for reimbursement must be submitted upon completion of travel to the program administrator in the student’s program and within 6 weeks after the completion of travel. See approval letter for date.
5. Funds are subject to the same campus-wide travel rules applied to faculty and staff. Currently a travel ban exists for Mississippi and North Carolina. No requests will be approved for travel to these states.
6. Students based at UConn Health are not eligible to apply for this award.

To make adjustments to the award letter prior to travel, forward the original letter to barbara.parziale@uconn.edu noting the changes you are requesting.

**Submit Application with original signatures to The Graduate School** administration offices on the second floor of the Whetten Graduate Center.

Number of Doctoral Credits:

Anticipated Date Of Graduation:

Program:

Program Financial/Business Manager: (if known)

Name of Conference:

Title of Presentation:

Amount of funds requested (up to $750 max):

Have you previously received DST funds?

Date of Conference (include travel dates):

Conference Location:

**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.

Advisor’s Name

Advisor’s Signature

Date

Applicant’s Name

Applicant’s Signature

Date

 Department head name Department head signature Date