



DEPARTMENT OF PHILOSOPHY

INDIANA UNIVERSITY
College of Arts and Sciences
Bloomington

Complete all form fields except the signature and submit this form to the Graduate Coordinator, Gwen Fisher for processing. gwenfish@iu.edu

Graduate Student Travel Funding Request Form

Name: _____

Date: _____

Name of Meeting: _____

Location: _____

Dates: _____

Check All that Apply (Please Attach Documentation):

Refereed Paper

Invited Paper

Commentator

Job Interviews

Title of Presentation: _____

Co-authors: _____

Please explain briefly how the meeting is of particular benefit to your research or professional development. _____

Proposed Travel Budget

Source of Estimate

Hotel \$ _____

Air Fare \$ _____

Per Diem \$ _____

Registration \$ _____

Miscellaneous \$ _____

Total \$ _____

Amount requested from the Department: \$ _____

Amount committed or requested from other sources:

\$ _____ source _____

\$ _____ source _____

\$ _____ source _____

Please indicate the total amount of departmental funding for travel you have previously received: _____

If you have received the total guaranteed \$1,300 of travel funds, you may be eligible to receive auxiliary department funds. These funds are allocated on a case by case basis. Check here if you'd like to be considered for auxiliary funds.

Approved by: _____

Signature of DGS/Research Chair/Dept. Chair

Date