**SMAST Graduate Student Travel Grant Application**

**Student Name:  Student ID # **

**UMassD E-mail:  Degree:**  **MSc**  **PhD**  **PSM**

**Supervisor’s Name: **

**Graduate Program/Department: **

**Title of Paper: **

**Name of Meeting/Conference: **

**Place/Venue:  Date(s):**Click here to enter a date.

***Please attach a copy of the paper or abstract, along with the confirming notice that your paper or creative work has been accepted for presentation.***

**TOTAL AMOUNT REQUESTED** (Estimated amount if actual expenses are not known): ****

**Registration fee:  Travel: **

**Lodging:  Meals: **

**Other (specify): **

**Previous Graduate Student Travel Grant(s)?**  **Yes**  **No If yes, when? **

**Have you applied for funding through the Office of Graduate Studies for this travel?  No  Yes**

**External Funding?  No  Yes If yes, who/how much? **

**Other Sources of Funding?  No  Yes If yes, who/how much? Grant:  Supervisor:  Department:  Dean: **

Recommended by Supervisor: Date:

Recommended by Graduate Program Director\*: Date:

Recommended by Department Chair: Date:

Endorsed by College/School Dean: Date:

Approved by Associate Provost for Graduate Studies\*: Date: \*only required if seeking funding from the Office of Graduate Studies