

Department of Space Studies

STUDENT REQUEST FOR THESIS RESEARCH TRAVEL FUNDS

Name: _____

Address: _____

Telephone: _____ Email: _____

Advisor: _____ Student ID: _____

Purpose of Trip: _____

Destination: _____ Dates of Travel: _____

Travel Budget

Registration _____

Air Transportation _____

Ground Transportation _____

Lodging _____

Per Diem _____

Misc. _____

TOTAL _____

Amount Requested _____ (limited to \$500)

List other sources of requested funding: _____

Past Travel Funding Received from Department: _____

Signature of Student Date

Advisor Justification of relativity to thesis research _____

Signature of Advisor Date

Approved/Not approved \$ _____

Signature of Chair Date