

Travel Support Application

Center for Applied Isotope Studies

Semester/Year

Applicant

Name:

E-mail address:

Home department:

Expected graduation:

Meeting

Society or name of meeting

Location

Date

Presentation Title

Oral presentation

Poster presentation

Authors

Student is presenting author

Presentation Abstract

Other travel funding applications for this meeting

Date	Grant agency	Amount requested	Outcome
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Results of previous CAIS travel funding

Date awarded	Date of practice talk	Describe how the funds were spent
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Student Signature

Student applicant agrees to give a practice presentation at CAIS prior to the meeting and acknowledges that failing to do so will disqualify them from future CAIS travel funding.

Applicant signature _____

Date _____

CAIS Supervisor Signature

Supervisor approves of the student's participation in the meeting and excuses the student from normal work duties for up to one week.

Supervisor signature _____

Date _____

Office Use

Amount awarded _____

Approved by _____ Date _____

Practice talk
Approved by _____ Date _____