

**PROPOSAL APPLICATION FOR RESEARCH TRAVEL GRANT**

Application Round I--July 1 – December 21 [ ] II--January 1 – June 30 [ ]

Please submit completed form through your dean/director to the Office of Academic Affairs.  
If you have any questions, call 786-1462.

Name(s) \_\_\_\_\_ Department \_\_\_\_\_  
Rank \_\_\_\_\_ School/College \_\_\_\_\_  
Email \_\_\_\_\_ Telephone \_\_\_\_\_

Previous Research Travel Grant? Yes [ ] No [ ] Previous Sabbatical Leave? Yes [ ] No [ ]

Please indicate Research Travel category for which you are applying:

\_\_\_\_\_ ~~C2C2 3489 1243 T10 010 2330 T(f) 102aR34EM6140Tel~~

\_\_\_\_\_ **Category 2** Funds for travel for the acquisition of and/or processing of quantitative or qualitative data or samples and funds for travel for the purpose of developing proposals for creative activities an

\_\_\_\_\_ Paper to be presented or presentation of research/creative activity \_\_\_\_\_

\_\_\_\_\_ Confirmation of meeting (please attach) \_\_\_\_\_

\_\_\_\_\_ Detailed cost estimates of direct transportation expenses \_\_\_\_\_

**CATEGORY 2 APPLICANTS**

\_\_\_\_\_ Research/activity conducted, proposal prepared, or funds solicited \_\_\_\_\_

\_\_\_\_\_ Colleagues participating in research/activity \_\_\_\_\_

\_\_\_\_\_ Duration of research/activity \_\_\_\_\_ Does this research continue existing programs? Yes [ ] No [ ]

\_\_\_\_\_ If yes, please describe \_\_\_\_\_

\_\_\_\_\_ Detailed cost estimates of direct transportation expenses \_\_\_\_\_