

REQUEST FOR TRAVEL AUTHORIZATION, Department of Linguistics and Cognitive Science

Please note that this form is department internal and that you need to fill out a complete application packet for matching funding from the graduate office (The Professional Development Award).

Name: _____

Traveling To: _____

Name of conference: _____

Presenting: PAPER _____ Poster _____

Title of presentation _____

Names of co-authors _____

Dates of Travel: _____

In my absence, my duties will be handled by: _____

Dates of previous travel awards _____

List submitted publications resulting from presentations at previously funded conferences:

List of Expenses: Transportation _____ Lodging _____

Registration _____ Other (Itemize) : _____ Computed Total _____

Applied for funding from:

Graduate Office: The Professional Development Award . \$ _____

International Office: \$ _____ Other sources _____

TRAVEL APPROVED BY GRADUATE DIRECTOR _____ **Date** _____

TRAVEL APPROVED BY CHAIR: _____ **Date** _____

DEPARTMENT FUNDS ALLOTTED FOR THIS TRIP: \$ _____