



Florida A&M University
Division of Academic Affairs
Faculty Travel Grant Application

Please submit completed application to the Office of Academic Affairs

FUNDING WILL BE USED TO ENHANCE SCHOLARLY RESEARCH ACTIVITY

Note: The application must be typed.

Date: _____

Faculty Name: _____

Rank: _____

School/College: _____

Department: _____

Name of Conference: _____

Date of Conference: _____

Check one: **Fall Travel**
(Deadline: October 15)

Spring/Summer Travel
(Deadline: March 15)

Title and Description of Research Presentation: _____

1. What impact will the Faculty Travel Grant (FTG) award have on your research? _____

2. Will you develop a manuscript and/or submit a grant pertaining to the research that you are presenting? _____

3. What type of University support will you require to develop a manuscript and/or submit a grant pertaining to the research that you are presenting at the conference? _____

4. What benefit will your travel have to the University? _____

5. Does your department provide travel funds? _____

6. Is your research funded? List all of your funded projects and project numbers. _____

7. In which of the last two academic years (if any) have you received funds from this program? If none, please list as "NONE" and for actual, list as Spring 2012, etc. _____

Detailed Budget – Include all items requested for travel:

Item	Cost or Estimate	Total Cost
Airfare/Railroad/Bus		
Hotel		
Meals (\$36 per day: Breakfast - \$6; Lunch - \$11; Dinner - \$19)		
Mileage		
Registration		
Rental Car		
Taxi		
Total		

Note: Provide copies of estimates from company/website.

Please provide the following documentation. (Check List)

Curriculum Vitae _____

Conference Program _____

Submitted Research Abstract _____

Conference Participation Acceptance Letter _____

Faculty Signature

*******Information provided in this application is true and accurate.**

Faculty Printed Name

Signature

Date

**Chair/Department Head
Applicant Travel Approval**

Does the department have funding designated for travel? Yes No

Does the applicant have current funding? Yes No

Does the applicant have grant funds designated for travel? Yes No

Comments: _____

Printed Name

Signature

Date

**Dean
Applicant Travel Approval**

Does the department have funding designated for travel? Yes No

Does the applicant have current funding? Yes No

Does the applicant have grant funds designated for travel? Yes No

Comments: _____

Printed Name

Signature

Date

Committee
Application Recommended for Approval _____
Application Denied _____

Provost /Vice President Approval:		
_____ Printed Name	_____ Signature	_____ Date