Appendix 10

Doctoral Program in Social Work and Social Science **1080 S. University, 1794A**
(734)763-5768 • FAX: (734)615-3192 • ssw.phd.info@umich.edu Ann Arbor, MI 48109-1106

Travel Grant Application

Name: _____ ID#: _____

Social Science: _____

Daytime Phone #: _____ Today's date _____

Available via E-mail? Yes_ No _____ E-mail address: _____

Conference Title: _____

Purpose of attendance (check one): Deliver paper _____ Present poster _____

Departure date: _____ Return date: _____ Destination: _____

Estimate of total conference expenses: $_____

*__Remember to submit your receipts (or copies) upon your return__

Please attach: 1) a copy of the conference program (or letter of invitation) with your name listed, indicating your participation as a presenter in the conference, and 2) an itemized budget of your anticipated expenses.

For the Faculty advisor: Please check the appropriate box below and print and sign your name. Additional room is available should you wish to make any comments.

Is the applicant making satisfactory progress toward the degree? Yes _____ No _____

Comments: _____

_____

Faculty Advisor Name Printed _____

Faculty Advisor Signature _____ Date: _____

For office use only:
Director Signature _____ Date: _____

Approved for $ _____