



**MISSISSIPPI STATE UNIVERSITY™**  
**COLLEGE OF ARTS & SCIENCES**

## **CAS Graduate Student Travel Support Application Form**

First Name:

Last Name:

Net ID:

Department:

Degree:

Concentration (if applicable):

Name of Conference/Meeting:

Conference/Meeting Dates:

Location - City, State, and Country (if international conference/meeting):

Conference/Meeting Website (if available):

Type of Presentation:

Oral (Preferred):

Poster:

Title of Presentation:

Authors:

Abstract (500 words MAX):

Justification of why funding assistance is needed (500 words MAX):

**Itemized Budget**

*Airfare:*

*Hotel:*

*Meals:*

*Grnd. Trnspt:*

*Other:*

**Total Request:**

**Committed and Requested Funds**

*Funding commitment by department:*

*Funding requested from Arts & Sciences:*

*TAGGS and Other Sources of Funding:*

## **Approvals**

*By signing below you indicate your support for the student travel request and you agree to the stated funds committed by your unit.*

**Major Professor Signature:**

**Major Professor Email:**

**Graduate Coordinator Signature:**

**Graduate Coordinator Email:**

**Department Head Signature:**

**Department Head Email:**