**Student Academic Travel Award Request Form**

**Guidelines:**

1. Complete all sections of this form and submit to the Office of Academic and Career Success at [nrsstudentorgbalt@umaryland.edu.](mailto:nrsstudentorgbalt@umaryland.edu) Please attach **a copy of the conference/event agenda, registration fee payment, and approval of presentation/poster session** (if presenting). Please attach other receipts if available. If this form is submitted before you have purchased any travel arrangements and your Award is approved, we will request copies of receipts.
2. Students should make and fund all personal travel arrangements. Students travelling internationally will also need to work with the Global Hub and coordinate with UMSON Office of Global Health.
3. Submission of this Request Form does not guarantee approval.
4. Approved Student Academic Travel Awards may not necessarily cover all travel-related expenses. Awards depend on available funding, specific travel costs, and typically range from $500-$1,000.
5. Approved Student Academic Travel Award funds will be posted to student accounts by UMB Student Financial Assistance. It may take up to a month after approval notification for travel awards to be posted. If there is a balance due on a student’s account, Student Financial Assistance will work with the student on a timeline to pay off the balance before the Award can be applied.

**Student Contact Information**

|  |  |
| --- | --- |
| **Name (as appears on Driver’s License or passport):** |  |
| **Student ID:** | @ |
| **Are you a student employee? (tutor, graduate assistant, work-study)** | YES or NO |
| **UMB School Email:** |  |
| **Mailing Address:** |  |
| **Date of Birth:** |  |
| **Phone Number:** |  |
| **Travel Event Name:** |  |
| **Travel Date(s):** |  |
| **Travel Location:** |  |
| **Do you have additional funding for this travel? (other department, etc)** | YES or NO |

**Travel Event Related Costs**

If you have not yet paid for travel, please include the estimated costs. If you have paid, please include the exact costs and attach copies when submitting this form. Please note N/A if not applicable.

|  |  |
| --- | --- |
| **Registration Fee:** | **$** |
| **Transportation (Air/Train/Car Mileage/Other):** | **$** |
| **Hotel:** | **$** |
| **Per diem:** | **$** |
| **Parking:** | **$** |
| **Other Expenses** | **$** |
| **What do you hope to gain from this professional development opportunity?** | |
| **General comments (optional):** | |

**Acknowledgement:**

I understand that if approved for a Student Academic Travel Award, I agree to use the funds for the purpose intended. In the event I am unable to travel due to emergency, illness, or other extenuating circumstance, I agree to notify the Office of Student and Academic Services as soon as possible to identify an alternate travel opportunity.

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Student Signature (typed, required) Date (required)