



College of Engineering Dean's Office  
Faculty/Graduate Student Travel Cost Share Request Form

*Please complete, print and obtain signatures prior to submitting  
to the Office of Academic Programs, 101 Hammond Building*

Faculty Name: \_\_\_\_\_ Department: \_\_\_\_\_  
Title/Position: \_\_\_\_\_ Email: \_\_\_\_\_ Access ID: \_\_\_\_\_  
Graduate Student Name: \_\_\_\_\_ Email: \_\_\_\_\_ Access ID: \_\_\_\_\_  
Adviser's Name: \_\_\_\_\_ Email: \_\_\_\_\_ Access ID: \_\_\_\_\_  
Graduate Student's Dep't: \_\_\_\_\_ Adviser's Department: \_\_\_\_\_  
Travel Dates: \_\_\_\_\_ through \_\_\_\_\_

☐ International Destination: \_\_\_\_\_  
☐ Domestic Destination: \_\_\_\_\_

Select one:

- ☐ **Research Development** (faculty only)
- to meet with funding agencies to discuss potential research opportunities
- ☐ **Global Initiative** (faculty only)
- stimulate participate in international teaching or educational initiatives
  - support collaborations with faculty from other counties for student and faculty exchanges
  - encourage new partnerships
- ☐ **Conference** (faculty and graduate students) Title: \_\_\_\_\_

Please provide details for all of the boxes checked above (200-word limit):

Please provide the expected outcomes (200-word limit):

REQUESTED SUPPORT

SUPPORT APPROVED

SIGNATURE/DATE

Department Share: \$ \_\_\_\_\_ Department: \$ \_\_\_\_\_  
College Share: \$ \_\_\_\_\_ Dean's Office: \$ \_\_\_\_\_  
Other: \$ \_\_\_\_\_ Explanation \_\_\_\_\_  
Total Requested: \$ \_\_\_\_\_