## College of Graduate Studies **Student Travel Application**



Name		M#	
Address			
Email	Phone	Department_	
Name of Conference			
	(Spell out full name of confe	erence)	
Location of Conference	Date of Conference		
Is this travel for the benefit of the student	or on behalf of Middle Tennesse	e State University?	Student MTSU
ADDDO			
APPRO	VAL MUST BE OBTAINED P	RIOR TO TRAVE	<u>L</u>
Completed application for travel must Days (60 days for International Travel)	be submitted to the College of	Graduate Studies (	(MTSU Box 42) at least 30
Completed application for travel must Days (60 days for International Travel)  1. Prior written justification for all in-state, application and must be approved by the 2. You MUST attach evidence of acceptant	be submitted to the College of prior to your travel date. Other out-of-state and out-of-country tradivision vicepresident.	Graduate Studies ( rwise, you will not r  avel is required to be  vith your name clearly	(MTSU Box 42) at least 30 receive funding.  attached to the travel y identified as a participant.
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BUDGET BREAKDOWN  *If a portion of the funding is supplied by another source, please note		
Registration Fee	\$	
Airline	\$	
Lodging	\$	
Meals	\$	
Taxi	\$	
	\$	
	\$	
TOTAL	\$	

	TOTAL	\$
Signatures Needed:		
Applicant	Date	
Major Professor/Advisor	Date	

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