

Student Researcher Travel Grant Application Form

| Student Name: | Date: |
|--|----------------------------------|
| Student Email: | |
| Student UID: | |
| Student Department: Program/Major: | |
| Expected Date of Graduation: | GPA: |
| Faculty Research Mentor Name: | |
| Faculty Research Mentor Email: | |
| Title of Proposed Research Presentation: | |
| Name of conference you will be attending: | |
| Dates of conference: | |
| Who else will be traveling with you? | |
| Name: | |
| Name: | |
| Name: | |
| Has your presentation abstract been accepted? | Yes No |
| Have you received Student Research Travel support fo | rom RIT/NTID in the past? Yes No |

Proposed Travel Budget:

| ltem | Total Cost | Additional Funding (Indicate source, if applicable.) |
|--|------------|--|
| 1. Airfare | | |
| 2. Hotel | | |
| 3. Food/Meals | | |
| Ground Transportation (cab, shuttle, Uber, etc.) | | |
| 5. Other (please describe below): | | |
| Grand Total: | | |

Presentation Abstract (one-page limit): Below, please write a brief abstract of your presentation. This section must be written by the student, but approved by the faculty mentor.

Acknowledgment of Requirements I am an NTID-supported undergraduate student with a GPA of 3.0 or above. I will not graduate before completion of the conference travel dates listed above. I am in good academic, financial and judicial standing at RIT/NTID. I will be a current, matriculated RIT/NTID student at the time of the proposed travel (i.e., enrolled in courses at RIT/NTID and will not have graduated before the date of the proposed travel, etc.) My research work must be completed in collaboration with a faculty mentor. I am required to present my research at NTID's Annual Student Research Fair (late April/early May). I am not conducting research under a currently externally-funded project. The presentation is being given by me, not the faculty mentor or other co-author. I will submit a short (i.e., one-page maximum) report on the conference experience within one (1) month after the meeting (this report will be shared with NTID's Marketing Department so the research/trip may be publicized.) My travel is to be conducted within the U.S. I understand I cannot change my airfare itinerary after it has been formally purchased. I will work with Ms. Dawn Sullivan (Dawn.Sullivan@rit.edu) to make my travel arrangements. The arrangements should be made with Ms. Sullivan at least one (1) month prior to the travel start date. I will not be reimbursed any travel arrangements/charges made prior to meeting with Ms. Sullivan. I understand that all receipts must be submitted to Ms. Dawn Sullivan (Dawn.Sullivan@rit.edu) within one (1) week of the completed travel so she can prepare my Travel Expense Report (TER) for reimbursement. I must return the signed TER to Ms. Sullivan within three (3) business days of receipt, but prior to the 15th in September and June to adhere to budget cycle closing. This application form has been completed by the student researcher and approved by the faculty mentor. Date Student Signature

I have reviewed and support the research, conference and proposed travel budget.

Remember to also submit your resume and ask your faculty mentor to submit a <u>Letter of Support</u>.

Faculty Mentor's Signature

Date