Request for Funding
Beecroft Graduate Student Travel Grant

Student's name: Last First Middle Date :

Address: Expected Term Of Graduation: 0800 - Summer Session 2010

City: State: ZIP: Daytime Phone:

Graduate Program in which enrolled:

Destination and Purpose of travel:

Indicate approximate itemized costs of proposed travel:

Air:
Car:
Meals:
Lodging:
Registration fee:
Other (explain):

Total: $ 0.00

Planned Dates of Travel:

to _____

Students receiving a Beecroft Grant are expected to give a 20-minute presentation at Beecroft Forum or convention. University regulations require that the grantbe provided as a reimbursement of travel costs incurred by the student and that the Beecroft recipient is subject to the same travel regulatons and reports as university employees.

Attach a separate sheet indicating how the proposed travel will aid or enhance your graduate work.

Advisor or instructor statement:

_____
_____
_____
_____
_____
_____

Advisor's signature: _____ Date: _____

Send this form, with attached statement by student, to the Graduate Studies Office, Belknap & Catlin, PO Box 2000, Superior WI 54880-4500.

Action of Graduate Council:

☐ Request Approved
☐ Request Denied
☐ Other _____

_____
Meeting date

_____ _____ _____ _____
Director, Graduate Studies *Date* *Secretary, Graduate Council* *Date*