

**SCHOOL OF COMMUNICATION  
WESTERN MICHIGAN UNIVERSITY**

**Master's Program**

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**FORM XI: GRADUATE STUDENT TRAVEL AWARD APPLICATION**

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Name (Last, First)

Date

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Local Address

City

State

Zip Code

Email Address : \_\_\_\_\_

• Title of Project: \_\_\_\_\_

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• Indicate the type of activity in which you will engage.

Panel Presentation

Paper Presentation

Poster Presentation

Artistic Performance

Artistic Demonstration

Other (Please specify): \_\_\_\_\_

Please attach confirmation of your acceptance/program, etc. and an abstract, program notes, or other concise description of your presentation, performance or exhibition.

• Please itemize your travel budget.

**Allowable Expenses**

Transportation (airfare) \$ \_\_\_\_\_

Transportation (ground) \$ \_\_\_\_\_

Parking \$ \_\_\_\_\_

Meals (days at \$34 per day) \$ \_\_\_\_\_

Lodging (days and rate) \$ \_\_\_\_\_

Registration Fee \$ \_\_\_\_\_

- Indicate the dates that the travel will take place:
- Identify the name, place and dates of the conference/meeting where you will present/perform/exhibit.

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Please have your advisor complete the evaluation below.

**ADVISOR EVALUATION  
GRADUATE STUDENT TRAVEL AWARD**

**Please rank the application/applicant in the following categories by placing a score in the appropriate space. (1 = low, 5 = high) NOTE: USE WHOLE NUMBERS ONLY**

Extent of the student's participation in presenting/performing/exhibiting his/her work before the sponsoring organization \_\_\_\_\_

Identify and rate the selection process utilized by the sponsoring organization (1 = open acceptance, 5 = highly selective)

Blind review \_\_\_\_\_  
 Panel review \_\_\_\_\_  
 Special invitation \_\_\_\_\_  
 Non-refereed \_\_\_\_\_  
 Other: Please specify \_\_\_\_\_

Identify and rate the scope of the conference

International \_\_\_\_\_  
 Regional \_\_\_\_\_  
 State \_\_\_\_\_  
 Local \_\_\_\_\_  
 Other: Please specify \_\_\_\_\_

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ADVISOR SIGNATURE

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DATE