

SCHOOL OF COMMUNICATION
Master's Program
WESTERN MICHIGAN UNIVERSITY

FORM XI: GRADUATE STUDENT TRAVEL AWARD APPLICATION

Name (Last, First)

Date

Local Address

City

State

Zip Code

Email Address : _____

• Title of Project: _____

• 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	_____

Advisor signature

Date