

College of Science and Mathematics
Special Projects Fund
Request for Funds - *Submit Prior to Event*

Name _____ Department _____

Campus Phone _____ Campus Address _____

Home Phone _____

Funding requested for:

- | | |
|---|---|
| <input type="checkbox"/> Student Travel - complete Section A | <input type="checkbox"/> Multidisciplinary lecture - complete Section B |
| <input type="checkbox"/> Woman seminar speaker - complete Section B | <input type="checkbox"/> Other - Complete Section C |

SECTION A

Name of Faculty Advisor _____

Travel destination _____

Dates of travel _____ Funds provided by department \$ _____
(attach travel form)

Will you: present paper present poster attend only (circle one)

Title of presentation/poster _____

Both Faculty Advisor and Department Chair: Please sign below to indicate your approval of the travel funds requested.

Signature Date

SECTION B

Name of Speaker _____ Home institution _____

Dates of visit _____ Title of presentation _____

Host department _____

For multidisciplinary lectures, please describe the target audience _____

Total cost anticipated \$ _____

Department Chair: Please sign below to indicate your approval of the speaker funds requested.

Signature

SECTION C