

**Tennessee Technological University**  
**Request Form for Travel Support from Faculty Development Fund**

**NOTE: To be eligible, you must be the person who actually delivers the presentation.**

Please fill in all sections and check appropriate boxes. Incomplete Forms will be returned. Your department chair and college dean must sign this form in section 5. The college dean's office should submit the **completed** form to the Office of the Provost, attn. Faculty Development Fund.

**1. Requester Details**

Name: Last \_\_\_\_\_ First \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Faculty Rank:  Professor     Associate Professor     Assistant Professor  
 Tenure-track/Tenured Instructor     Lecturer

College: \_\_\_\_\_

Department: \_\_\_\_\_

**2. Conference/Meeting Details**

Title of Conference/Meeting: \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_

Meeting Website URL: \_\_\_\_\_

Location (City/State/Country): City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Dates of Meeting (MM/DD/YY - MM/DD/YY): \_\_\_\_\_ - \_\_\_\_\_

Is this a regularly occurring meeting (annual, semi-annual, etc.)?     Yes     No

Is this a meeting of a state, national or international conference?

State                       National                       International

**3. Presentation Details**

Title of Presentation: \_\_\_\_\_

Type of Presentation:     Paper     Poster     Performance     Other(Specify): \_\_\_\_\_

Has your abstract, paper, or presentation been accepted? (Attach documentation)

Yes     No

Are you the presenter?  Yes  No

Co-Authors (if any) and their affiliation:

**4. Travel Cost Estimate**

Please provide a cost estimate of your trip:

Registration Fee	\$	Other incidentals (please describe)
Economical Airfare	\$	
Ground Transportation	\$	
Lodging	\$	
Meals	\$	
Miscellanies	\$	
TOTAL	\$	

**NOTE: Please print completed form and obtain appropriate signatures. Attach documentation indicating that you have been accepted as a presenter and the conference / meeting information or brochure.**

*Required Signature*

\_\_\_\_\_ Faculty Member

\_\_\_\_\_ Date

**5. Support from Other Sources**

Department/ School	\$	Comments: Approved by: _____ Signature: _____
College	\$	Comments: Approved by: _____ Signature: _____
Grants	\$	Comment: Approved by: _____ Signature: _____
Others (please specified)	\$	Comments: Approved by: _____ Signature: _____

If you have any questions, please contact Associate Provost, Dr. Sharon Huo, at xhuo@tntech.edu.

The Provost's Office will notify the college of the funding decision.

**Used by the Office of the Provost**