

TRAVEL FELLOWSHIP FUNDING APPLICATION

Instructions on https://grad.msu.edu/travel. Completed forms should be emailed to the Graduate School at grad.msu.edu. Please note: this funding is in the form of a fellowship.

Date:	_						
US. Citizen	Yes	No	(Current Graduate	Docto	ral	
Permanent Resident	Yes	No	Pro	gram Enrollment:	M	aster's Professional	
International Student	Yes	No				Medical/Law	
f no, Country of Origin_			Cur	rent Graduate GPA_			
Ethnicity (optional)			,	re federal financial aid, pleas what the impact that this aw			
Student Name:				Last 4 digits	of PID:		
Mailing Address:							
Phone:			Email:				
Department and/or Prog	ram:			College:			
l certify that the above st	tudent is ma	king satisj	factory progress	towards a graduate	degree.		
					_		
	Major Professor			nature of Major Professor		Date (mm/dd/yyyy)	
SHARED FUNDING A A signature is required below	from the majo	or professor	T , the department/u	nit, and the college ever	ı if no funds	are committed to	
SHARED FUNDING A	from the majoral department	or professor s/colleges r	T , the department/u	nit, and the college ever	n if no funds e applicants.	are committed to	
SHARED FUNDING A A signature is required below	from the majo	or professor s/colleges r	T , the department/u	nit, and the college ever	n if no funds e applicants. NSES 1	are committed to	
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SHARED FUNDING A A signature is required below support this request. Individu Funding Provider Major Professor Department / Program / Unit College International Studies &	from the majoral department Name and address	or professor es/colleges r	T t, the department/u may request additio Signature	nit, and the college ever nal information from the TOTAL EXPE	n if no funds e applicants. NSES 1 : # 2 3	are committed to Amount from	
SHARED FUNDING A A signature is required below support this request. Individu Funding Provider Major Professor Department / Program / Unit College International Studies & Programs For international conferences	from the majoral department Name and address	or professor es/colleges r	T t, the department/u may request additio Signature	nit, and the college ever nal information from the TOTAL EXPE	n if no funds e applicants. NSES 1 : # 2 3	are committed to Amount from	
SHARED FUNDING A A signature is required below support this request. Individu Funding Provider Major Professor Department / Program / Unit College International Studies & Programs For international conferences thele103@msu.edu. Other	Name and address	or professor es/colleges r l email	T t, the department/u may request additio Signature SP at 209 internatio	nit, and the college ever nal information from the TOTAL EXPE	n if no funds e applicants. NSES 1 : # 2 3 4 5	are committed to Amount from	

_____ Disapproved:___

Amount Approved:____