

**GUIDELINES FOR
MASTER'S/ED.S. STUDENT TRAVEL GRANTS
TO ATTEND PROFESSIONAL MEETINGS**

University of Arkansas
Graduate School
Fayetteville, Arkansas

**MASTER'S/ED.S.
STUDENTS ONLY**

Please read the General Guidelines (<http://www.uark.edu/depts/gradinfo/recruit/funding/travelgrants.html>) before submitting this application.

Graduate students in on-campus master's/Ed.S. programs may apply for a Professional Meeting Travel Grant if they and their work meet the criteria below and those found in the General Guidelines:

ENROLLMENT REQUIREMENT:

1. You must be enrolled **full-time** for the semester in which the meeting occurs.
Full time for Fall and Spring semesters: 9 hours of credit enrollment without GA appointment, or 6 hours of credit enrollment with a 50% GA appointment. Full time for Summer semester: 5-6 hours of credit enrollment without GA appointment, or 3 hours of credit enrollment with a 50% GA appointment.

EXCEPTION: If a professional meeting occurs during the summer and you are not enrolled full-time during the summer, you must have been enrolled full-time in the preceding spring semester.

PRESENTATION REQUIREMENT:

1. You have applied to present a paper or a poster at a regional, national, or international meeting of a recognized professional society.
NOTE: You must make the presentation as listed author and as the sole presenter, not simply be listed as one of the presenters. If there are co-authors, only one student will be funded.
2. The work to be presented was performed at the University of Arkansas and will carry the University's name.

APPLICATION AND REIMBURSEMENT:

1. After a student travel request is approved by the department, a Travel Grant Application form should be submitted to the Graduate School for approval before the travel occurs. Both the department chair and the student will be notified about the status of the Travel Grant.
2. The department will initiate the necessary TA transactions for the total cost of the estimated travel expenses, including the portion that will be funded by the Graduate School.
3. Upon successful completion of the travel, the student should submit all receipts to the department, the department will submit the statement of travel expenses for reimbursement to the student, and notify the Graduate School of the TA# and the cost center number.
4. After the travel expenses are posted and verified by the Graduate School, the Graduate School will initiate an expenditure transfer (ET), removing the Graduate School portion of the travel expenses from the departmental cost center number.

Worksheet for department/student use (departments may choose to fund more than the requirement below):

Requested Amount of Graduate School Support: _____ (90%; no more than \$600)
Total Amount of Departmental &/or College Support: + _____ (10%; at least \$60)
Total Amount of Supported Travel: = _____ (100%)

MASTER'S/ED.S. STUDENT TRAVEL GRANT APPLICATION

MASTER'S/ED.S.
STUDENTS ONLY

NOTE: Limit one travel grant per student per year (July 1st-June 30th).

(PLEASE PRINT OR TYPE)

STUDENT'S NAME _____

STUDENT'S UNIVERSITY ID NUMBER _____

DEGREE & PROGRAM _____

DEPARTMENT _____ RESEARCH DIRECTOR _____

TYPE OF PRESENTATION: FORMAL PAPER _____ POSTER _____ OTHER _____

(IF OTHER, PLEASE EXPLAIN) _____

TITLE OF PRESENTATION _____

NAME OF CONFERENCE/MEETING _____

DATE(S) OF MEETING (Begin & end) _____

LOCATION OF MEETING _____

STUDENT'S SIGNATURE _____

DEPARTMENTAL HEAD/CHAIR'S STATEMENT: I certify that funds in the amount of 10% of the total requested cost of the trip have been committed to the above student toward travel expenses for a presentation at the described meeting. I understand that the Graduate School will contribute 90% of the total travel expenses, up to a maximum amount of **\$600**.

DEPARTMENT HEAD/CHAIR SIGNATURE _____

The following section must be completed:

Requested Amount of Graduate School Support: _____ (90%; no more than **\$600**)

Total Amount of Departmental &/or College Support: + _____ (10%; at least \$60)

Total Amount of Supported Travel: = _____ (90%+10%=100%)

PLEASE RETURN TO:
VICKY HARTWELL
GRADUATE SCHOOL
OZAR 119
FAX: 479-575-5908