Northern Arizona

University

***College of Education***

**Office of the Dean Northern Arizona University 928-523-7139**

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**Dean’s Travel Grant Program Application**

***We’ll prepare you to be a leader in education—so you can make a difference for the rest of your life.***

## Submit application to the Dean’s Office one month prior to the actual travel date.

|  |  |
| --- | --- |
| Faculty Name: |  |
| Rank/Tenure Status: |  | AcademicUnit: |  |
| Conference name, location and dates: |
| Title of accepted paper or presentation: |
| IRB Approved? Y/N \_\_\_\_\_\_\_If yes, please provide a copy of your approval with your submission. |
| **In a few sentences, briefly address how this research presentation meets the following criteria for funding:**1. **Significance of work.** The extent to which the research has the potential to positively impact the faculty member’s course(s), academic program, activities in the College of Education, or their academic discipline.
2. **Disciplined Inquiry.** Research should be theoretically grounded and/or evidence-based, using the best practices endorsed by their professional disciplines.
3. **Congruent with Faculty Member’s Research Agenda and Statement of Expectations.** The research supports the faculty member’s commitment to his or her goal-focused research agenda, which can lead to important contributions to their professional disciplines and the college.
4. **Connection to the COE Mission and goals.** The research is aligned with the goals stated in the COE Strategic Plan and/or the conceptual framework of the Professional Education Unit at Northern Arizona University.
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| Budget |
| Conference registration: |
| Airfare/mileage: |
| Lodging: |
| Meals/per diem: |
| Local transportation: |
| **Total cost of trip:**  |
| Contribution from academic unit: |
| Contribution from college: |
| Contribution from other sources: |
| Alternate sources of funding: |
| **Total sources of funding:** |
| **Uncovered costs:** |
| **Amount requested from the Dean’s Travel Grant Program:** |
| Employee Signature: | Date |
| For Office Use Only: |
| Chair/Coordinator’s Signature: | Date |
| *Dean’s Signature:* | Date |
| Dean’s Office Commitment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date of most recent award from Dean’s Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Submit electronically application form and any attachments in a single attachment to COE-Dean@nau.edu