

Vicki Green Graduate School Travel Application

Date of Application: _____

The Department of Psychology provides travel support for students who have accepted an invitation to interview for placement in a graduate program.

Eligibility: To be eligible for consideration, the student must be enrolled at NAU as a senior or graduate student, a GPA of 3.5, and provide a **one- page paper on future educational goals and career objectives** at the time of the application and travel.

Application Process: Student must complete this application for funding and submit it two weeks prior to the planned travel. Be sure to attach a one-page paper on future educational goals and career objectives. Application can be obtained in the Psychology Department.

After Funding is Awarded: Student must meet with psychology's travel specialist, Delfina Rodriguez, prior to traveling. The student must **bring the award letter** to this meeting.

Award Follow-up: Upon the completion of the travel, the awarded student must meet with travel specialist **within three days** and supply necessary paid receipts.

Name of Traveler: _____ **NAU ID:** _____

Mailing Address: _____

Departure Date/Time: _____ **Return Date/Time:** _____

Destination/Location (City & State or Country) of Travel: _____

Driving?

University Vehicle? Yes No - Personal Vehicle? Yes No Dr. Lic #, if driving: _____ State _____

Attach document of acceptance/ invitation for interview.

Estimated Budget:

Mileage-
Miles (round trip) x .445/mile = \$ _____

Public Transportation- Air: \$ _____ Taxi: \$ _____
Bus: \$ _____ Shuttle: \$ _____ Other: \$ _____

Lodging-
_____ Nights @ \$ _____ per night = \$ _____

Total Estimated Expenses \$ _____

List all other funding sources and amounts either Requested or already received.

Requested from Dept. _____
Amt. Allotted \$ _____

Requested from _____
Amt. Req. \$ _____ Rcvd? Yes No Unknown

Requested from _____
Amt. Req. \$ _____ Rcvd? Yes No Unknown

Applicant's Signature: _____ **Date:** _____

Academic Advisor's Signature: _____ **Date:** _____

Dept. Chair/ Director's Signature: _____ **Date:** _____