TRAVEL FELLOWSHIP FUNDING APPLICATION

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

Date:_____

US. Citizen ◯ Yes ◯ No

Permanent Resident ◯ Yes ◯ No

International Student ◯ Yes ◯ No

If no, Country of Origin_____

Ethnicity (optional) _____

Current Graduate Program Enrollment: ◯ Doctoral ◯ Master's ◯ Professional Medical/Law

Current Graduate GPA_____

If you have federal financial aid, please consult the Office of Financial Aid to find out what the impact that this award would have on your aid package.

Student Name: _____ Last 4 digits of PID: _____

Mailing Address:_____

Phone: _____ Email: _____

Department and/or Program:_____ College: _____

I certify that the above student is making satisfactory progress towards a graduate degree.

Major Professor	*Signature of Major Professor*	*Date (mm/dd/yyyy)*

SHARED FUNDING AND ENDORSEMENT

A signature is required below from the major professor, the department/unit, and the college even if no funds are committed to support this request. Individual departments/colleges may request additional information from the applicants.

			TOTAL EXPENSES	**1**	
Funding Provider	**Name and email address**	**Signature**	**Account #**		**Amount from Provider**
Major Professor				**2**	
Department / Program / Unit				**3**	
College				**4**	
International Studies & Programs				**5**	
For international conferences only. Endorsement from ISP at 209 international Center or thele103@msu.edu.					
Other (specify)				**6**	
			TOTAL FROM FUNDING PROVIDERS (Add lines 2-6)	**7**	$ 0.00
			Funds Requested from the Graduate School (Required)	**8**	

Revised 8/2021

Amount Approved:_____ Disapproved:_____