



## TRAVEL FELLOWSHIP FUNDING APPLICATION

Instructions on <https://grad.msu.edu/travel>. Completed forms should be emailed to the Graduate School at [fellowshipapps@grd.msu.edu](mailto:fellowshipapps@grd.msu.edu). Please note: this funding is in the form of a fellowship.

Date: \_\_\_\_\_

US. Citizen      Yes      No      Current Graduate Program Enrollment:      Doctoral  
Permanent Resident      Yes      No      International Student      Yes      No      Master's  
Professional  
Medical/Law

If no, Country of Origin \_\_\_\_\_ Current Graduate GPA \_\_\_\_\_

Ethnicity (optional) \_\_\_\_\_

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: \_\_\_\_\_

Graduate Program Assistant Name and Email: \_\_\_\_\_

*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. IMPORTANT NOTE: A financial contribution from the major professor, department/program unit and/or college is highly encouraged to accompany a travel fellowship application. In the exceptional circumstance that a financial contribution is not possible from any of these sources, a brief statement of explanation from the graduate assistant/associate dean must accompany the application for further consideration.

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 <a href="mailto:hatche34@msu.edu">hatche34@msu.edu</a> .					
Other (specify)				6	
TOTAL FROM FUNDING PROVIDERS (Add lines 2-6)				7	
Funds Requested from the Graduate School (Required)				8	

Revised 9/2024

Amount Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_

## **Statement of Explanation from the Graduate Assistant/Associate Dean**