

**2016-2017 Department of Teaching, Learning, and Culture
Graduate Student Research and Presentation Grant Application**

(submit original only)

Note: Student is responsible for completing all information and obtaining professor's/advisor's signature.

Name: _____ UIN: _____

Degree Sought: Ph.D. Ed.D.

Program Chair/Advisor: _____

Presentation Title: _____

Explain your Research Abstract/Proposal in 50-100 words. *All Applications must be typed.*

Will you be presenting a research paper? Yes No

If yes, please indicate the type of research paper:

Peer-reviewed Research Poster Work-in-Progress Paper Round Table Presentation Paper

Panel Discussion

If a paper was required to be submitted, please attach to this form.

Conference Name: _____

What type of Conference is this: International National Regional State

Date(s) of Conference: _____

Location: _____

Conference URL: _____

Itemized Budget (a separate page must be used to further explain the budget):

Air Fare or Other Transportation: _____

Hotel/Housing: _____

Conference Registration Fee: _____

Research Equipment/Supplies: _____

Other: _____

Total Amount Requested: _____

Are you an active member of TLAC Graduate Student Association? Yes No

Have you applied to the Office of Graduate and Professional Studies for travel support? Yes No

**To be considered for TLAC support, you must have applied to OGAPS, also.*

If NO, please explain:

Have you applied to the College of Education and Human Development for travel support? Yes No

**To be considered for TLAC support, you must have applied to CEHD, also.*

If NO, please explain:

Have you applied for and/or received assistance from the TLAC department this year?

(September 1, 2016-August 31, 2017) Yes No

If yes, explain (include amount of funding):

Please indicate any other sources of funding you will be receiving:

Faculty Research Grant Faculty Endowment CEHD Travel/Research Grant

Other, please explain:

Amount of funding:

*Signature of Applicant:

Mailing Address:

Phone Number:

E-mail Address:

*Faculty Advisor Signature:

Please return this form to the TLAC Graduate Advising Office once the above is completed.

***This form will be returned to the student if faculty/advisor signature is not provided.**

**Please attach your letter of acceptance, and note the date and time of your presentation.
Your application will not be processed without this.**

Office Use Only, Please Do Not Write Below This Line

Hours Registered: _____ GPR: _____

Approved: Yes No

Amount Awarded: _____

TLAC GSA President Signature: _____

TLAC Graduate Advisor Signature: _____

Department Head Signature: _____