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: _________________________________________