

Faculty Research Travel Supplemental Support Program

Application

Please read the *Faculty Research Travel Supplemental Support Program* information sheet before filling out this form. If there are any questions, please email oor@uccs.edu or call 719-255-4027.

Today's Date:

Applicant Information

1. First and Last Name:

2. Email:

3. Phone Number:

4. Rank:

5. Department:

6. Departmental Speedtype to use if funded:

7. Please describe the access you currently have to travel funds (start-up, F&A, college funding, departmental funding, etc) and why these funds are insufficient for your planned travel.

8. Please describe how this travel benefits your research, scholarship, or creative work?

Travel Information

9. Title and complete description of Conference, Workshop, or Research Site.

	If a conference, is it peer-reviewed?	Yes	No
10. Travel Dates:	Departure Date		Return Date
11. Travel Destination:	Domestic		International

12. Travel Purpose and Justification (include supporting documents with application):

13. Breakdown the estimated expenses for this trip (use the [GSA government travel rates](#))

14. Total Amount Requested (up to \$500):

15. We realize that \$500 is not enough to cover the cost of one trip. Please describe how expenses beyond the amount requested will be covered:

Applicant Certification

By signing this application, you agree that all information is true, that you have read Faculty Research Travel Supplemental Support Program Information Sheet, and that you understand the procedures and stipulations for this award.

Signature

Date

Supervisor Authorization

By signing this application, I certify that the applicant received “meeting expectations” or better on their most recent annual performance review. I have read the description of the travel justification (item #9 and #12) and agree that this activity serves a cogent and acceptable research purpose.

Signature

Date

Title

Printed Name