



CAL STATE LA

CALIFORNIA STATE UNIVERSITY, LOS ANGELES

OFFICE OF GRADUATE STUDIES ACADEMIC TRAVEL SUPPORT APPLICATION FOR STUDENT PRESENTATION

Personal Information				
Name: _____		CIN: _____		
<i>Last</i>	<i>First</i>			
Address _____				
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	
Cal State LA Email: _____		Phone _____		
Degree Expected: _____		Major: _____		College: _____
GPA: _____		Expected Date of Graduation: _____		
			<i>Semester/Year</i>	
Faculty Advisor: _____		Email: _____		
Conference Information				
Attending In-Person _____		Virtual _____		
Name of Conference: _____				
Location of Conference: _____				
Date of Conference: _____				
Presentation Title: _____				

Estimate of Expenses

Please include printed estimates from vendors you will likely use.

Item	Cost	Tax (if applicable)	Total	Office use only (up to 70%)
Registration/Membership/ Abstract Submission Fee				
Airfare				
Other (e.g. public transportation, car service)				
Lodging 2 Nights Maximum (\$250 max per night)				
Total				

NOTE: No more than two (2) authors of a co-authored paper will be eligible to receive funding and no more than seven (7) applications will be funded per conference. If you have already received the Travel Award for Professional Development this academic year, *you are not eligible to also receive this award.*

