



CAL STATE LA

CALIFORNIA STATE UNIVERSITY, LOS ANGELES

ACADEMIC TRAVEL SUPPORT APPLICATION FOR PROFESSIONAL DEVELOPMENT

Personal Information				
Name: _____		CIN: _____		
<i>Last</i>	<i>First</i>			
Address _____		<i>City</i>	<i>State</i>	<i>Zip</i>
		<i>Street</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: _____				

Estimate of Expenses

Please include printed estimates from vendors you will likely use.

Item	Cost	Tax (if applicable)	Total	Office use only up to 50%
Registration/Membership/ Abstract Submission Fee				
Airfare				
Other (e.g. public transportation, car service)				
Lodging 2 Nights Maximum (\$275 max per night)				
Total				

NOTE: No more than four (4) applications will be funded per conference. If you have already received the Travel Award for Student Presentation this academic year, *you are not eligible to also receive this award.*

