

ASSOCIATE DEAN FOR ACADEMIC PROGRAMS

SUPPORT FOR INTERNATIONAL TRAVEL

FACULTY MEMBER APPLYING: _____

DEPARTMENT: _____

International Conference: _____

REQUESTED FUNDING: _____

(A copy of your travel authority must be attached.)

Amount of Department Support: _____

Amount of UGARF Support: _____

APPROVAL:

Associate Dean

Date

DEADLINE DATES: Proposals may be made at any time.

Please attach approved Travel Authority.