



## TRAVEL FELLOWSHIP FUNDING APPLICATION

Instructions on <https://grad.msu.edu/travel>. Completed forms should be emailed to the Graduate School at [gradschool@grd.msu.edu](mailto:gradschool@grd.msu.edu). Please note: this funding is in the form of a fellowship.

Date: \_\_\_\_\_

US. Citizen	Yes	No	Current Graduate Program Enrollment:	Doctoral Master's Professional Medical/Law
Permanent Resident	Yes	No		
International Student	Yes	No		

If no, Country of Origin \_\_\_\_\_

Current Graduate GPA \_\_\_\_\_

Ethnicity (optional) \_\_\_\_\_

If you have federal financial aid, please consult the Office of Financial Aid to find out what the impact that this award would have on your aid package.

Student Name: \_\_\_\_\_ Last 4 digits of PID: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Department and/or Program: \_\_\_\_\_ College: \_\_\_\_\_

*I certify that the above student is making satisfactory progress towards a graduate degree.*

\_\_\_\_\_

<i>Major Professor</i>	<i>Signature of Major Professor</i>	<i>Date (mm/dd/yyyy)</i>
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### SHARED FUNDING AND ENDORSEMENT

A signature is required below from the major professor, the department/unit, and the college even if no funds are committed to support this request. Individual departments/colleges may request additional information from the applicants.

TOTAL EXPENSES				1	
Funding Provider	Name and email address	Signature	Account #	2	Amount from Provider
Major Professor				2	
Department / Program / Unit				3	
College				4	
International Studies & Programs				5	
For international conferences only. Endorsement from ISP at 209 international Center or <a href="mailto:thele103@msu.edu">thele103@msu.edu</a> . Funding from ISP will be in the form of a travel reimbursement, not a fellowship.					
Other (specify)				6	
<b>TOTAL FROM FUNDING PROVIDERS (Add lines 2-6)</b>				<b>7</b>	
<b>Funds Requested from the Graduate School (Required)</b>				<b>8</b>	

Revised 9/2020

Amount Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_