SCHOLARLY TRAVEL APPROVAL FORM

CCAS Undergraduate Studies Office 801 22nd St, NW Phillips Hall 107 Washington, DC 20052



Phone: (202) 994-6210 **Fax:** (202) 994-6213

Name:			GWid:	G		
Last Name	First Name	M.I.				
Date of Request:		GW E-mail:			@gwmail.	gwu.edu
Daytime Number:		Student's Signa	ature:			
	Require	d Conditions for R	eimburseme	nt:		
☐ Undergraduate student'	's 1 st major is in CCAS					
☐ Student is listed as the	first author/presenter f	or the poster or pape	r			
☐ Student's UG major dep	partment is willing to co	ontribute at least \$150	towards con	ference exp	enses	
☐ Evidence of accepted p program	oster or paper is attacl	hed. For example, an	accepted abs	stract or you	r name in a confe	erence
Purpose of Travel, inclu paper/poster:	ding <u>conference na</u>	me and purpose of	attendance.	Respons	es may include	presenting a
Travel Dates:*If traveling internationally, you	* u must register for the Ur	Destination:	Travel Insuranc	e and Assista	ance	
	FOR CH	AIR OR UG FACUL	TY DIRECT	OR:		
Requested Departmental	Contribution: \$150	☐ Approved as Rec	quested 🗆	Approved	as \$	
Email address(es) to no	tify in addition to tra	aveler:				_
Chair or UG Faculty Dire	ector's Signature:					_

ALL TRAVEL AND DEAN'S OFFICE COMMITMENTS MUST BE APPROVED PRIOR TO THE DATE OF DEPARTURE.

RETROACTIVE REQUESTS WILL NOT BE PROCESSED.