

Name _____ Department _____

Destination _____ Dates of Travel _____

Select the appropriate reason for your travel:

☐ Conference ☐ Professional Meeting ☐ Research ☐ Recruiting ☐ Visiting Artist
☐ Other: Describe _____

Will you be presenting or submitting a proposal to present at a conference? ☐ Yes ☐ No

If so, has your proposal been accepted? ☐ Yes ☐ No

Will you be conducting recruitment activities on this trip? ☐ Yes ☐ No

Will you be escorting students on this trip? ☐ Yes ☐ No

If this is a trip for a professional meeting, are you on the planning body and/or serve as an officer? ☐ Yes ☐ No

Will you miss classes and/or private lessons? ☐ Yes ☐ No

If so, how will they be covered? _____

Are you receiving an honorarium and/or fee waiver in connection with this travel? ☐ Yes ☐ No

If so, how much? _____

Have other university funds (including departmental funds) already been awarded? ☐ Yes ☐ No

If so, how much? _____

Provide a statement of justification supporting your request for CVPA travel funds:

Faculty/Staff: Submit this form with a completed [Travel Authorization Form](#) to your chair.

Department Chair supporting statement:

Total amount requested _____ Department contribution _____ Priority Rating ☐ 1 ☐ 2

Chair: Submit this form and [Travel Authorization Form](#) to Caroline Rust Ward.

Dean approval amount _____
Dean signature _____ Date _____