

**Travel Support for Graduate Student Research Presentations or Performances**  
**Academic Year: Fall 2016 - Summer 2017**  
**Deadlines: November 15 (Fall); April 15 (Spring); July 15 (Summer)**

**Application:** Funding is available from The Graduate School\* for support of graduate student research presentations, performances at conferences, or shows that represent a culmination of work (selected or refereed). If approved, the Graduate School will provide reimbursement of 80% of total travel costs or up to \$500. To apply, please complete this form and attach the following information:

1. Invitation or acceptance letter to present or perform at the conference. (If the invitation or acceptance letter has not been received as of the date of this submission, you may attach a copy of the invitation or acceptance letter to the Travel Reimbursement Request. Note on this application that the invitation or acceptance has not yet been received.)
2. Abstract of your research presentation or description of performance.
3. Approval letter from the appropriate institutional committee (if applicable, see below). If approval is pending, attach submission confirmation from the committee.

*\*This request pertains solely to funding from The Graduate School. Students receiving financial support from other areas on campus must indicate that amount below.*

Obtain approval of this request from your Faculty Mentor (or Program Advisor), Department Chair, and Dean.

Submit the approved application, along with attachments described above to The Graduate School, 211 Tillman Hall. You may also contact April Hershey in the Graduate School Office with questions concerning this process at 803-323-2204 or by email: [hersheya@winthrop.edu](mailto:hersheya@winthrop.edu).

**Reimbursement:** Once the travel request is approved by the Graduate School, you will receive an email notifying you of the total amount that will be paid as reimbursement upon return from the trip. In some cases, airline tickets, registration fees, and/or lodging can be pre-paid by the University. Should you require this type of pre-payment, please contact April Hershey with information regarding your trip.

To receive reimbursement for expenses incurred while traveling up to the total amount approved, you must complete a [Travel Reimbursement Form](#), attach all relevant receipts (food receipts are not required as meals are reimbursed on a per diem amount set by the State of South Carolina), and have the form signed by your faculty advisor and department chair. If additional monies were awarded from the department, college dean, etc., each of those areas must also sign off on the reimbursement form as all monies awarded will be credited on the same form. The final signed form and receipts must be delivered to the Graduate School Office no later than two (2) weeks upon your return. Failure to turn the reimbursement request in in a timely manner may result in funds not being immediately available for repayment.



Name: \_\_\_\_\_

Winthrop ID#: \_\_\_\_\_ Anticipated Graduation Month/Year: \_\_\_\_\_

Degree Program: \_\_\_\_\_

Local Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Local Phone Number: \_\_\_\_\_

Faculty Mentor/Advisor: \_\_\_\_\_ Faculty Mentor/Advisor Department: \_\_\_\_\_

Title of Research Project or Performance: \_\_\_\_\_

Names of Co-Presenters or Performers: \_\_\_\_\_

Name of Conference: \_\_\_\_\_

Type of Activity:  Poster Presentation       Session Presentation       Performance

Location of Conference: \_\_\_\_\_

Dates of Travel: \_\_\_\_\_

|                            |   |
|----------------------------|---|
| Estimated Costs of _____   | Registration Fee _____                        |
| Trip: _____                | Lodging _____                                 |
| (Enter whole dollars _____ | Meals _____                                   |
| only. Do not enter _____   | Transportation: Mode of Transportation: _____ |
| the dollar sign or _____   | Other: Describe: _____                        |
| commas.) _____             | Total _____                                   |

**Have you applied and/or received travel support funding from another department or division at Winthrop?**

**Yes**    If yes, please indicate the department and amount: \_\_\_\_\_

*E.g. Dept. of History, \$200*

**No**

In order to receive funding, you must abide by all laws and regulations that govern research with humans, vertebrate animals, and bio hazardous materials. You and your faculty mentor are responsible for obtaining authorization from the appropriate university committees. See the [SPAR](#) website for policy guidelines and review forms.

**Does this research project involve the use of humans, vertebrate animals, or bio hazardous materials?**

**Yes**, check the appropriate box(es) below.       **No**, skip to the Student Certification section.

| Submitted to SPAR        | Approved/Exempted by SPAR* | Committee  |
|--------------------------|----------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/>   | Institutional Review Board (IRB) – Research Human Subjects                   |
| <input type="checkbox"/> | <input type="checkbox"/>   | Animal Care and Use Committee (IACUC) – Project Involving Vertebrate Animals |
| <input type="checkbox"/> | <input type="checkbox"/>   | Biosafety – Involving recombinant DNA or other bio hazardous materials       |

**\*Attach approval letter form appropriate institutional committee. If approval is pending attach submission confirmation from the committee.**

**Student Certification:** By my signature, I agree to represent Winthrop University in a responsible and professional manner while in attendance at this conference. I have accurately represented all other applicable sources of support for which I have applied for this presentation. I understand that to obtain reimbursement of my expenditures, I must complete a Travel Reimbursement form and attach to this form proof of payment for registration fees, lodging, rental car, parking, gasoline, and/or airfare as applicable.

\_\_\_\_\_  
 Signature of Graduate Student

\_\_\_\_\_  
 Date

**Approvals**

\_\_\_\_\_  
 Faculty Mentor or Program Advisor

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Department Chair

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Dean

\_\_\_\_\_  
 Date

*To be completed by The Graduate School*

Approval signature:

\_\_\_\_\_  
 Dean of the Graduate School

\_\_\_\_\_  
 Account Number

\_\_\_\_\_  
 Amount Awarded

Payments Processed: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_