



SCRIPPS COLLEGE OF COMMUNICATION

Diversity Committee

REQUEST FOR TRAVEL SUPPORT

This form must be submitted as part of the application process.

Name _____ Date _____

Department or Program _____

Email Address _____

Applicant Telephone _____

1. Title of paper/topic to be presented _____

2. Name of conference/meeting that you are attending _____

3. Briefly explain how the proposed travel is consistent with the Diversity Committee’s mission (please attach a separate sheet if necessary).

4. Destination _____

Inclusive dates of trip (month and day) _____

Type of transportation _____

Exact fare at time of request _____

Approximate cost of lodging _____

5. Are you being funded by another source? Please list sources and amounts. _____

6. Previous funding from Diversity Committee? List amounts, purpose, and dates. _____

Approval _____

Program Director

Date _____

Note: Your signature certifies that this student is a full-time student in residence at Ohio University.

FOR DIVERSITY COMMITTEE USE ONLY

Amount approved/by _____ Confirmation sent on _____

Not approved: Not eligible/already taken a trip _____

Advance/reimbursed/date/amount _____