

GSFF Application Cover Page

Department Representative—please fill out the top portion of this application cover page before final application submission.

Applicant Name (first and last):	
Applicant DU ID Number:	
Department:	
Dept. Representative Name:	

By printing my initials below I, the Department Representative, confirm this application has been reviewed for completion and all necessary documentation has been attached.

Dept. Representative Initials:	
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The following is to be completed during the final funding meeting.

Date of Application Review:	
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Second Reviewer Name:	
Revisions to Application:	

Third Reviewer Name:	
Revisions to Application:	

Executive Board Reviewer Name:	
Application Status:	

Graduate Student Conference Funding Application – GSA and GSPDG Common Application*

*For both Graduate Student Association and Graduate Student Professional Development Grant funding

RETURN THIS FORM TO YOUR INDIVIDUAL GRADUATE STUDENT ASSOCIATION (GSA)

Date _____ Student ID # _____

Last Name _____ First Name _____

Phone Number _____ Email _____

PioneerWeb mailing address* _____

*If funded, check will be mailed to PioneerWeb mailing address (unless already set up for direct deposit for student reimbursements in PioneerWeb)

Academic Department or Graduate Program _____ Degree _____

Type of Activity (Please circle only one): Professional Academic Conference Other Venue

Name of Conference/Venue _____

Date(s) _____ Location _____

Role(s): Presenter Chair Attending

GSPDG: Check here if you are eligible and would like to be considered for additional funding from the Graduate Student Professional Development Grant (GSPDG). **Please see GSPDG Application and Guidelines for eligibility requirements and instructions.**

GSA _____ GSA Representative Name _____

Total Reimbursement Requested* \$ _____ (Amount should match expenses listed on page 2)

*Include GSPDG reimbursement request, if applicable.

Have you or will you receive additional funding for this activity, other than from your Graduate Student Association? Yes No

If yes: Amount \$ _____ Source _____

By signing below, I confirm that I have **read, understand, and agree** to all of the policies and guidelines of my Graduate Student Association for funding. I also confirm that I am requesting reimbursement for legitimate conference expenditures and I have not been reimbursed for them by any other means. I understand that submitting duplicate expenses is a violation of the honor code and will be reported.

Applicant: _____ Date: _____

Graduate Director or Thesis/dissertation advisor: _____ Date: _____

