REQUEST TO TRAVEL

This form must be submitted to the McNair Office and approved by the Program Director, Dr. Lydia Fox, 45 days prior to the date of travel. Please complete all areas of the form.

Scholar’s Name

Date of Departure: ___/___/_____ Time of Departure (circle one): AM/PM

Date of Return: ___/___/______ Time of Return (circle one): AM/PM

Complete this section ONLY if you are attending a CONFERENCE. Please attach conference information and tentative agenda.

Conference:

Presenting: Yes_______ No_______

Presentation Title

Complete this section ONLY if you are visiting a GRAD SCHOOL. Please list the name(s) of the Graduate School(s). Use an additional sheet if necessary.

1. ____________________________

2. ____________________________

3. ____________________________

Provide the first name, last name, and the title of the person(s) with whom you will be meeting. **Note: A Visitation Signature Form must be completed for each person met with**

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1
Conference Registration - [Please attach registration form]

Is there a conference registration fee? Yes______  No________

If yes, what is the amount of the fee? $________

When is the registration deadline? ____/______/

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Lodging

Will you need lodging? Yes_____  No________

Is there a conference hotel provided? Yes_____  No________

If yes, what is the name of the conference hotel? ____________________________

Number of nights you will stay at place of lodging? #________

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Miscellaneous Expenses

Besides the cost of meals, are there other expenses associated with the trip (e.g. gas, parking, etc.)? Yes_____  No________

If yes, please list the other expenses. Please be specific,

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Received: ____/____/______

Scholar Signature

________________________

Program Coordinator Signature

________________________

Program Director Signature

________________________