



McNair Scholars Program

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 _____

IMPORTANT: Enter your name exactly as it appears on your driver's license.

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****

<u>First Name</u>	<u>Last Name</u>	<u>Title</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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? ____/____/____

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? #_____

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