



McNair Scholars Program

TRAVEL SUMMARY FORM

In order to receive a reimbursement, this form must be completed and submitted along with all itemized travel receipts.

Scholar: _____

Dates of Travel: ____/____/____ to ____/____/____

CONFERENCE – Complete this section if you attended a conference.

Conference: _____

Purpose of Conference: _____

Presented: Yes _____ No _____

Presentation Title: _____

GRAD SCHOOL VISIT – Complete this section if you visited a graduate school.

Graduate School: _____

Department: _____

Name of Person Met With: _____

Title of Person Met With: _____

CLASS SESSION – Complete this section if you sat in on a class.

Class Title: _____

Please provide a summary of your experience at the conference, graduate school visit, and/or class. Attach additional sheet, if necessary: _____

