McNair Scholars Program
<u>Funding Request for Graduate School Visits</u>

The completed form should be dropped off at the McNair Office in Hood House, Room 203. Students will be notified of funding status and further instructions via email.

Student Name: _____ Date: _____

Major: _____ Mentor: _____

Date(s) of proposed Travel: _____

Type of Graduate Visit: _____ Graduate Visitation Program   _____ Self-Guided Graduate Visit

Title of Visitation Program, if applicable: _____

_____

Name of School(s): _____

_____

Location (City, State): _____

Please provide the name(s) of the faculty members who you plan to meet with during your visit (*Please also attach email correspondence with the faculty member which confirms your scheduled meetings*):

Faculty (1): _____ Dept: _____

Faculty (2): _____ Dept: _____

Faculty (3): _____ Dept: _____

Objectives/Goals for the proposed travel: _____

_____

_____

_____

Proposed Budget for Travel:
Note: Funding Requests MUST be submitted a minimum of three weeks in advance for students needing air travel.

Transportation: ___ Air ___ Train ___ Bus ___ Car   Budget: _____

Lodging: ___ Hotel ___ Dorm ___ Other (Stay with Family/Friend)

Lodging, If Hotel or Dorm: # of nights _____ x Rate $_____   =   Budget: _____

Registration Fees: ___ Yes ___ No   Budget: _____

_____ **SUB-TOTAL:** _____

Meals:

How many meals are included in the visitation program? _____

How many meals are <u>not included</u> in the visitation program? _____

Please provide the # of meals <u>not included</u>: _____ Breakfast _____ Lunch _____ Dinner

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McNair Staff Only: Additional Funds for meals: Budget: _____

                                                                     TOTAL: _____

By signing this document, you acknowledge that if McNair pays for your registration fee, transportation, or lodging and you fail to attend or give yourself adequate time to cancel your registration, you will be required to refund the McNair program for all costs associated with this graduate school visit.

Signature of Student: _____ Date: _____

Signature of McNair Staff: _____ Date: _____

McNair Staff Only:

_____ *FUNDED*

_____ *NOT FUNDED, explain:* _____