

Department of Human Development, Family Studies, & Counseling Student Travel Application

Submit applications to the Department of Human Development, Family Studies & Counseling in Woodcock Hall 115. Student travel funds will be awarded twice each fall and spring semester. Hand-written, incomplete, inaccurate, and/or applications missing required signatures will be delayed in processing, so complete application fully. *Please review student travel guidelines posted on the HDFSC website.

Date: _____ Student ID: _____

Name: _____ TWU Email: _____

Mailing Address: _____

Phone Number: _____

Major: _____ Classification: _____

Number of hours enrolled during semester of travel: _____

Type of conference: local state regional national international

Title of Conference/Event: _____

Event Location: _____

Your Participation in the Event: Attending Presenting

Describe type of presentation or activity: _____

If paper or poster presentation, list the title as indicated in the conference program. Please indicate with an asterisk which of the authors will be the main presenter:

Indicate if officer: Yes No

Will the abstract or manuscript of your presentation be published in conference materials? Yes No

Purpose of attendance and benefit to Texas Woman's University and the HDFSC department:

Start date of travel: _____ End date of travel: _____

Estimated travel costs:

Registration: _____ Food: _____ Lodging: _____ Airfare/Mileage: _____

(Alcohol, lodging within the DFW area, or other expenses will not be considered.)

TOTAL ESTIMATED COST: _____

Have funds from the **TWU** Student Travel Committee been received for this academic year?

Yes No If so, how much? _____ When received? _____

Have funds from the **HDFS&C** Student Travel Committee been received for this academic year?

Yes No If so, how much? _____ When received? _____

Student Signature

Date

Faculty Advisor/Sponsor Signature

Faculty Advisor/Sponsor Printed Name

Date

----- **FOR OFFICE USE ONLY** -----

Date reviewed: _____ Amount awarded: \$ _____

Approved by Department Chair _____ Date: _____

Amount reimbursed: \$ _____ Date: _____

Notes: