

Last updated 11/8/21

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

Applications must be **typed** and **signed** (do not complete by hand). 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. Summer travel applications can be submitted the following fall. Hand-written, incomplete, inaccurate, and/or applications missing required signatures will be delayed in processing, so complete application fully.

Items marked with an asterisk (*) are REQUIRED.

Date *: _____ Student ID *: _____

Name *: _____ TWU Email *: _____

Mailing address where award letter should be mailed *: _____

City *: _____ State *: _____ Zip *: _____ Phone No *: _____

Major: _____ Classification: _____

No. of hours enrolled *: _____ Must explain if less than 12: _____

Select conference activity:

Type of conference: local state regional national international

Title of event *:

Event Location *: _____

Describe type of presentation or activity. _____

If paper or poster presentation, give title and list all authors. Please indicate with an asterisk which of the authors will be the 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 *:

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

Estimate of total travel costs: Registration _____ Food _____ Lodging _____

(Alcohol or other expenses will not be considered.) Travel _____ TOTAL 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: