

# Travel Fund Application Form

Computer Science Graduate Student Council  
2202 Kraft Drive  
Blacksburg, Virginia 24060  
540/231-9195 Fax: 540/231-9218  
E-mail: gradcouncil@cs.vt.edu  
gradcouncil.cs.vt.edu

1 *To be filled out by applicant*

## Applicant

First Name:

Last Name:

E-Mail:

Phone:

### Status

- Ph.D. post-qualifier
- Ph.D. pre-qualifier
- Master (thesis)
- Master (coursework)

## Conference

Name:

Start Date:

End Date:

Location:

Estimated Cost of Attendance:

### Type of Attendance

- Presenting
- Attending
  
- This will be my first time at a conference

## Funding from Other Sources

Source: Amount:

Source: Amount:

Source: Amount:

Source: Amount:

Source: Amount:

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## Contribution

### Contribution Details

Provide us with information for up to five contributions you will present at the conference. Use the 1<sup>st</sup> column for your 1<sup>st</sup> contribution, the 2<sup>nd</sup> column for the 2<sup>nd</sup>...

1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Peer-Reviewed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Archival
					Acceptance Rate
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Full Paper
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Short Paper
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Workshop Organization
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Doctoral Consortium / Workshop Paper
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Student Research Competition
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Poster / Contest Entry
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Job Talk

### Contribution Titles

Provide us with the titles of your contributions, as they will appear in the publication. Please use the following format:  
 First Author, Second Author, ...: "Contribution Title." In Editor1, Editor2, Conference Proceedings, pages, Location, Year

1<sup>st</sup>

2<sup>nd</sup>

3<sup>rd</sup>

4<sup>th</sup>

5<sup>th</sup>

I have read the travel funding policy as shown on the website of the graduate council. I certify that all information provided on this form is true and correct to the best of my knowledge.

\_\_\_\_\_  
Date

**X**  
\_\_\_\_\_  
Applicant's Signature

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2 To be filled out by applicant's advisor or committee member

## Advisor or Committee Member

First Name:  
E-Mail:

Last Name:  
Phone:

## Endorsement

## Contribution

I will contribute towards the applicant's expenses

Amount:

I cannot contribute towards the applicant's expenses

\_\_\_\_\_  
Date

**X**  
\_\_\_\_\_  
Advisor or Committee Member's Signature

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3 To be filled out by the Graduate Council

## Funding Decision

Application for funds approved

**Funding amount:**

Application for funds denied

Application incomplete

Submitted past deadline

Previously funded

Insufficient funds

\_\_\_\_\_  
Date

**X**  
\_\_\_\_\_  
President Graduate Council

\_\_\_\_\_  
Date

**X**  
\_\_\_\_\_  
Treasurer Graduate Council