**Dean's Supplemental Travel (DST) Fund Request Form**

*(Form to be used in addition to University Travel Request Form when applying for additional funding)*

Name:       Department:       Office Phone:       Submission Date:

Academic Rank: [ ]  Full Professor [ ]  Associate Professor [ ]  Assistant Professor

 [ ]  Lecturer [ ]  Clinical Assistant Professor [ ]  Other:

Tenure Track: [ ]  Yes [ ]  No Tenured: [ ]  Yes [ ]  No

Event:       Date(s) of Event:

Event Location:

**Classes Missed**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Dept** | **Course #** | **Course Title** | **Substitute Instructor** | **Day(s)**(M,T,W,Th,F) | **Time** |
|      |      |       |       |       |       |
|      |      |       |       |       |       |
|      |      |       |       |       |       |
|      |      |       |       |       |       |
|      |      |       |       |       |       |
|      |      |       |       |       |       |
|      |      |       |       |       |       |

[ ]  I will have my classes covered [ ]  I will not miss any classes (classes cannot be cancelled to attend event)

**Priority**

[ ]  Presenting a paper/poster/creative work, etc. on original research at a professional conference

[ ]  Serving on a panel or being a discussant at a professional conference

[ ]  Chairing a session at a professional conference

[ ]  Conducting research in the field

[ ]  Participating in continuing education focused on assigned teaching areas

[ ]  Accreditation

[ ]  Other:

If presenting a paper/poster/creative work, etc. on original research at a professional conference has the submission been accepted by the organizing body? **[ ]** Yes **[ ]** No [ ]  N/A

If Yes, has the supporting documentation been attached? **[ ]** Yes **[ ]** No [ ]  N/A

If No, when is the expected date of notification of acceptance?

Have you received previously funding from the Dean’s Supplemental Travel Fund this academic year? **[ ]** Yes **[ ]** No

If Yes, how much funding was received? $

**Funding Request**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Total Cost of the Trip: | $       |  |  |  |
| Amount Funded by the Department: | $       |  | Other Department Funding this year:(Limit $1000 from Department) | $       |
| Additional Funding (e.g., grant, self) | $       |  | Other DST Funding this year:(Limit $1000 from DST) | $       |
| Requested Amount from the DST Fund | $       |  |  |  |
| Remaining Cost: | $       |  |  |  |

Please Provide any additional information that would assist the travel committee in their recommendation to the Dean for supplemental travel funds: (include additional documentation as needed)

**For Travel Committee Use:**

Additional Funding Request Recommended: [ ]  Yes [ ]  No

If Yes, amount recommended? $

If No (or only partial amount recommended), the committee must include rationale:

**For the Dean’s Office:**

Additional Funding Approved: [ ]  Yes [ ]  No

Rationale if not approved:

Todd A. Telemeco, PT, DPT, PhD

Dean, College of Health Sciences