

Request for Graduate Student Recruitment Travel Support (Bringing Potential Graduate Students to SIUC Campus)

Name of Prospective Student _____ MA. Ph.D

Please print clearly

Department _____ Proposed trip dates _____ to _____

Estimated cost of travel	\$ _____	Other (Explain)	\$ _____
Per diem: ____ per day x ____ days	\$ _____		
		TOTAL EST. COST	\$ _____

APPROVAL SIGNATURES AND AMOUNT TO BE ALLOCATED:

_____	_____	\$ _____
Department Chair/Director	Date	Funds

Priorities and Comments:

_____	_____	\$ _____
Dean, College/School	Date	Funds

Priorities and Comments:

_____	_____	\$ _____
Vice Chancellor for Research/Graduate Dean	Date	Funds

Priorities and Comments:

Prior to the student's visit, the completed and signed forms, along with attachments, should be submitted to the Graduate School, Woody Hall, B120, MC 4716.