McNair Scholars Program

Funding Request for Graduate School Visits

The completed form should be dropped off to the McNair Office in Hood House, Room 210. Students will be notified of funding status and further instructions via email.

Student Name:	Date:	
	Mentor:	
Date(s) of proposed Travel:		
Type of Graduate Visit: Graduate Visitation Pro	ogram Self-Guided Graduate Visit	
Title of Visitation Program, if applicable:		
Name of School(s):		
Location (City, State):		
Please provide the name(s) of the faculty members also attach email correspondence with the faculty n	who you plan to meet with during your visit (Please nember which confirms your scheduled meetings):	
Faculty (1):	Dept:	
Faculty (2):	Dept:	
Faculty (3):	Dept:	
Objectives/Goals for the proposed travel:		
Proposed Budget for Travel: Note: Funding Requests MUST be submitted a minin air travel.	num of three weeks in advance for students needing	
Transportation: Air Train Bus Ca (If you plan to use your own vehicle, calculate mileage at \$0.30 per mile		
Lodging: Hotel Dorm Other (Stay with I	Family/Friend)	
Lodging, If Hotel or Dorm: # of nights x Rate \$	s = Budget:	
Registration Fees: Yes No	Budget:	

	SUB-TOTAL:
Meals:	
How many meals are included in the visitation program?	
How many meals are <u>not included</u> in the visitation progra	am?
Please provide the # of meals <u>not included</u> : Breakfa	st Lunch Dinner
McNair Staff Only: Additional Funds for meals:	Budget:
	TOTAL:
Signature of Student:	Date:
Signature of McNair Staff:	Date:
McNair Staff Only:	
FUNDED	
NOT FUNDED, explain:	