

Educational Policy Studies & Practice Department (EPSP)
College of Education
1430 E. Second Street
P.O. Box 210069
Tucson, AZ. 85721-0069
520-626-7313
520-621-1875 (Fax)

## **Departmental Graduate Student Travel Award Request**

Name	Student ID					
Local Addr	Street Address, Apt #	City	City, State		Zip Code	
Email						
Contact Te	lephone(s)					
Program	☐Higher Education (HED)	□Educational Lea	adershi	ip & Policy		
Major Advi	sor's Name					
Degree Pro	ogram (check one) $\square$ MA	□MEd □E	dD	□PhD		
Are you cu	rrently a University of Arizon	na employee? □Y	□N	I		
Name of Co	onference					
<b>Type:</b> □ Int	ternational 🗆 National 🗀 F	Regional 🗆 State/L	ocal			
for travel t	eceived or will you receive or or this conference? If so, pleased of the status of your request.			-		
	of the options below to indice Poster (Title)	-	-		ference:	
□ Organizer	or Discussant office (attendance is required by					
Amount of	funding requested (not to exc	ceed \$250) \$				
Rationale f	for this amount:					



Educational Policy Studies & Practice Department (EPSP)
College of Education
1430 E. Second Street
P.O. Box 210069
Tucson, AZ. 85721-0069
520-626-7313
520-621-1875 (Fax)

Student Signature	Date			
Business Office Signature	Date			
Department Decision:	Student notified: Completed:			
ApprovedDenied				

Rev. 4/2023