Ref Code: ___



OFFICE OF THE PROVOST / VICE PRESIDENT FOR ACADEMIC AFFAIRS TEXAS A&M UNIVERSITY-CORPUS CHRISTI 6300 Ocean Drive, Unit 5757, Corpus Christi Texas, 78412-5757 Phone (361) 825-2722 AcademicBusinessAffairs@tamucc.edu

PROVOST STUDENT REQUEST FOR FUNDS

CONFERENCE/EVENT INFORMATION:

NAME OF EVENT:

PURPOSE OF TRAVEL:

DATE(S) OF EVENT:

DESTINATION:

FUNDING REQUEST (ATTACH EXPENSE BREAKDOWN IF NECESSARY)

TOTAL COST: \$	This is the total estimated cost		
*Support Funds from Other Sources: \$	Enter amounts received from other funding sources, scholarships, etc.	AMOUNT REQUESTED FROM PROVOST STUDENT FUND:	
REMAINING FUNDS NEEDED: \$	Total Cost less Other Funding	STOPENT OND.	

*PLEASE LIST THE SOURCE AND AMOUNTS OF THE SUPPORT FUNDS FROM OTHER SOURCES:

TERMS OF FUNDING – EACH STUDENT BENEFITING FROM A PROVOST STUDENT FUND AWARD MUST AGREE AND COMPLY WITH THE FOLLOWING TERMS:

- 1. I understand that the Provost/Vice President for Academic Affairs is supporting my initiative through a special funding account provided by the Provost Office; and
- 2. I understand that I am required to document this event thoroughly and provide written summaries to the Office of the Provost.

STUDENT(S) PARTICIPANTS

STUDENT NAME	Presenting	PHONE NUMBER	EMAIL ADDRESS	Student Signature for Agreement of Terms of Funding

ADDITIONAL NOTES

SPONSOR INFORMATION:

CHECK ONE:	FACULTYSTAFF	College:	
NAME:		DEPARTMENT:	
PHONE:		EMAIL:	

Signature Approval of Sponsor

Signature Approval of Provost/VP Academic Affairs

Date

Date

Amount Awarded