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<br>Other Sources: \$ | Enter amounts received from<br>other funding sources,<br>scholarships, etc. | AMOUNT REQUESTED<br>FROM PROVOST<br>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<br>Agreement of Terms of<br>Funding |
|--------------|------------|--------------|---------------|---|
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# 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