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