



FAMILY COUNCIL

Office of the Provost and Vice President for Academic Affairs

TEXAS A&M UNIVERSITY-CORPUS CHRISTI
6300 Ocean Drive, Unit 5757, Corpus Christi Texas,
78412-5757 Phone (361) 825-2642
academicbusinessaffairs@tamucc.edu

PROVOST & ISLANDER FAMILY 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	AMOUNT REQUESTED FROM PROVOST STUDENT FUND:
*SUPPORT FUNDS FROM OTHER SOURCES: \$	Enter amounts received from other funding sources, scholarships, etc.	
REMAINING FUNDS NEEDED: \$	Total Cost less Other Funding	

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

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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 Office of the Provost; and
2. I understand that I am required to document this event thoroughly and provide written summaries to the Office of the Provost via academicaffairs@tamucc.edu

STUDENT(S) PARTICIPANTS

STUDENT NAME	PRESENTING	PHONE NUMBER	EMAIL ADDRESS	STUDENT SIGNATURE FOR AGREEMENT OF TERMS OF FUNDING

REMIT COMPLETED FORM AND ANY SUPPORT DOCUMENTATION TO academicbusinessaffairs@tamucc.edu.

ADDITIONAL NOTES

SPONSOR INFORMATION:

CHECK ONE: ☐ FACULTY ☐ STAFF	ACADEMIC UNIT: _____
NAME: _____	DEPARTMENT: _____
PHONE: _____	EMAIL: _____

Signature Approval of Sponsor

Date

Signature Approval of Provost & Vice President for Academic Affairs

Date

Amount Awarded