

Caine College of the Arts Faculty Travel Grant Cover Sheet

Applicant: _____
Name Dept. Email A#

Faculty Rank: _____

Project Title: _____

Total Cost of Travel: _____ Amount Requested: _____ Matching Funds: _____

Travel Departure Date: _____ Return Date: _____

Brief Project Summary (50 words):

PI

Department Head

NB: By signing the form, the department head acknowledges receipt of the proposal and allocation of any departmental matching funds as specified in the budget.

Co-PI

Dean

Co-PI

Other (include title)