



The University of New Mexico

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GRADUATE AND PROFESSIONAL STUDENT ASSOCIATION

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SPECIALIZED TRAVEL COMMITTEE (ST)

FUNDING APPLICATION FOR TRAVEL

TERM: _____

Application #: _____

(Please type)

Name: _____

Student ID #: _____ Email Address: _____

Local Mailing Address: _____

Local Home Phone: _____ Local Work Phone: _____

Department: _____ Date Degree Expected: _____

Check Appropriate Box: PhD/MD/JD Beginning ☐ Middle ☐ End ☐
 Masters Beginning ☐ Middle ☐ End ☐

☐ Job Interview/Audition ☐ Clinical ☐ Workshop/Seminar/Lecture ☐ Other (describe)

Application is for: _____ Current Semester _____ Retroactive (Semester, Year) _____

Dates of Actual Travel: _____

Previous Funding from ST? ____ Yes ____ No. If yes, semester, year: _____ \$ _____

Amount you are requesting from Specialized Travel ($\geq \$300$ US) _____

Are you applying for an SRAC grant this semester? _____

Have you applied to your department for funds? _____

Amount awarded this semester by your department \$ _____.

I understand that funding decisions will be made strictly in accordance with the ST guidelines. An anonymous copy of my application packet ____ MAY ____ MAY NOT be posted to the GPSA website.

Signature of Applicant: _____ Date: _____