

## REQUEST FOR TRAVEL GRANT FUNDING FOR INTERNATIONAL PROGRAMS

(Continuing and Global Education Use Only)			
<input type="checkbox"/> Fall	<input type="checkbox"/> Summer	<input type="checkbox"/> Spring	Year _____
Total Amount Approved _____			
Amount per Student _____			
Number of Students _____			

Program Name: \_\_\_\_\_ Program Fee: \_\_\_\_\_

Comprehensive Program Dates: \_\_\_\_\_ to \_\_\_\_\_

Host Country and City Location(s): \_\_\_\_\_

Deadline for Students to Apply for the Program (*if known*): \_\_\_\_\_

Is Academic credit to be provided?  Yes \_\_\_\_\_ units  No Travel Warning?  Yes  No Approved by CGE?  Yes  No

Has this program received funding from IRA or Travel Grant programs in prior years?  No  Yes If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_

How many Fresno State students are expected to participate in this international program? Minimum \_\_\_\_\_ Maximum \_\_\_\_\_

How would you like the travel grant funds to be disbursed?  Individual student reimbursement (using Travel Claim procedures)

Grant applied towards students' program fees  Other \_\_\_\_\_

Please describe the program and activities the students will undertake:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Faculty Leader Information

Faculty Name: \_\_\_\_\_  
Last First Middle Initial

Fresno State ID: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
(Office)

Campus Department: \_\_\_\_\_ Mail Stop \_\_\_\_\_

### APPROVAL SIGNATURES

Faculty Leader: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by Dean of School/College: \_\_\_\_\_ Date: \_\_\_\_\_

<b>CGE Office Use Only</b>	
Date Received: _____	
Travel Grant Coordinator: _____	Date: _____
Manager of Administration & Global Operations: _____	Date: _____