

## REQUEST FOR TRAVEL GRANT FUNDING FOR INTERNATIONAL PROGRAMS

(Continuing and Global Education Use Only)

Fall  Summer  Spring Year \_\_\_\_\_

Total Amount Approved \_\_\_\_\_

Amount per Student \_\_\_\_\_

Number of Students \_\_\_\_\_

Please submit this form to Continuing and Global Education no later than the deadline for IRA applications.

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: \_\_\_\_\_ (Office) Email: \_\_\_\_\_

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

### APPROVAL SIGNATURES

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

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

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

#### CGE Office Use Only

Date Received: \_\_\_\_\_

Travel Grant Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Manager of Finance & Administration: \_\_\_\_\_ Date: \_\_\_\_\_