

REQUEST FOR TRAVEL GRANT FUNDING FOR INTERNATIONAL PROGRAMS

(Continuing and Global Education Use Only)

Fall Winter Summer 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 _____

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: _____

CGE Office Use Only

Date Received: _____

Travel Grant Coordinator: _____ Date: _____

Manager of Finance & Administration: _____ Date: _____