

Graduate Student/Advanced Undergraduate Travel Award Competition
Latin American and Caribbean Studies
APPLICATION COVER

Name _____ Student Number _____

Current Mailing Address _____

Permanent Mailing Address _____

Current Telephone No. _____ Permanent Telephone No. _____

Academic Dept. _____

Campus Email _____ Alternate Email _____

Registered Degree Program: Ph.D. M.S. M.A. other (please specify) _____

Anticipated Degree Completion Date: December May August _____ (Year)

Current UWM employee, please complete the following:

TA RA other (please specify) _____

Appointment Period and Percentage: _____

U.S. Citizen Legal Resident of _____

Purpose of Travel Request:

Field Research Project or Internship (U.S. or Abroad)

Type of Research or Internship _____

Institutional Affiliation(s) and Contact(s) _____

Formal Presentation

Name of Conference _____

Title of Presentation _____

Proposed Travel Dates _____ Destination _____

Are You Receiving Academic Credit for This Experience? Yes No

If yes, provide course curricular area, number and title _____

Funding Support Requested/Received From Other Sources:

\$ _____ Source

\$ _____ Source