Graduate Student Enhancement Fund Supplemental Funding

DEAN’S OFFICE, COLLEGE OF AGRICULTURE AND LIFE SCIENCES

The Graduate Student Enhancement Fund has a $500.00 (lifetime) maximum award per person. A graduate student requesting funding from the Dean’s Office in CALS must:

* Currently be a full-time graduate student in the College of Agriculture and Life Sciences
* Have an accompanying invitation to speak or present at an annual society
* Include a copy of the abstract for the project being presented
* Have at least a 100% match by the department and/or the principal investigator.
* We encourage applying for a Graduate College mini grant in addition to further offset costs

# NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STUDENT ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_YEAR \_\_\_\_\_\_\_\_

 Last First

# LOCAL ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DEGREE PROGRAM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-MAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list:

* Location of Society meeting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Date of presentation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Title of Presentation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Description of presentation (abstract, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Dollar amount requested at this time: $\_\_\_\_\_\_\_\_\_\_\_\_

1) Please describe the reason for the funding request. Include details about how the project or event has relevance to your advanced course of study in CALS. Be specific as to how any funding you might receive will be used.

 2) What other sources of funding have you explored to finance this project or event?

3) Please obtain the signature of your graduate advisor and the chair of the department in
 which you are doing your advanced degree study.

# GRADUATE ADVISOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DEPT. CHAIR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Any request for supplemental funding to the Dean’s Office should be made at least two weeks in advance of the project start or event. Documentation of expenses after-the-fact will be required. Each request will be considered on a case-by-case basis.**

The Dean’s Office and the Funding Committee request your signature below, verifying that the information provided on this request is truthful and accurate to the best of your knowledge.

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

 Student’s signature

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

 Date

PLEASE SUBMIT TO:

The Associate Dean for Academic Programs

Dean’s Office, College of Agriculture and Life Sciences

106 Morrill Hall