

STUDENT TRAVEL FUND POLICY

Each year, funds will be allocated from the Student Services Bookstore account and/or the Development Fund to fund travel for students who have opportunities to participate in professional development experiences related to their academic discipline or student organization.

GUIDELINES

1. Priority will be given to students who have been invited to present a paper at a professional conference directly related to their academic discipline.
2. Secondary priority will be given to students who request funds to participate in leadership or professional development activities related to their student organizations.
3. An effort will be made to allocate approximately 50% of the funds each semester. Allocation will be handled in this way because opportunities become available throughout the year and it is desirable to fund the most deserving activities.

APPLICATION PROCESS

1. The student(s) must complete all parts of the application form and return it to the Associate Provost for Student Services and Enrollment, 610 Cohodas Hall.
2. A copy of the invitation letter and/or conference brochure must be provided.
3. A letter of support from the advisor/faculty member must be provided with the application.
4. Applications will be reviewed by the Associate Provost for Student Services and Enrollment and the President of ASNMU.
5. Students will be notified by telephone or email whether or not their request has been approved and the amount.
6. If a request is approved, the approved amount will be transferred to the appropriate departmental account for use by participants close to the time of the conference travel. Upon approval, please have the University department contact Kerry Mohr by email or phone to report the department's account number to be used. A transfer of funds will be completed to the department close to the time of travel.
7. Students must fill out a University Travel Authorization Form PRIOR to their departure with the department and/or faculty member supporting their travel.
8. Whenever the University provides support funds for student travel where a University-owned or leased vehicle will be used:
 - a. The University's Transportation Office will verify that all drivers have a current and valid driver's license.
 - b. **The Department supporting the student group and completing the travel form must submit a list of the student drivers to Public Safety and Police Services requesting authorization to drive.** The list should include the purpose of the travel; dates of travel; and name, IN number, and driver's license number for ALL drivers. The students authorized to drive should then go to Public Safety and Police Services (Monday-Friday between 8 a.m. and 4 p.m.) with their valid driver's license. **This process must be completed to receive the approved funding from the Student Travel Fund.**
9. For privately-owned vehicles, it is the vehicle owner's responsibility to provide vehicle liability and physical damage insurance on their vehicle. NMU will not be responsible for any loss or damage to privately-owned vehicles.

APPLICATION FOR STUDENT TRAVEL FUNDS FOR 2010-11

NOTE: APPLICATIONS FOR STUDENT TRAVEL FUNDS MUST BE COMPLETED BY THE STUDENT(S) REQUESTING THE FUNDING.

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ **EMAIL ADDRESS:** _____

STUDENT ORGANIZATION: _____

NAME, DEPARTMENT, AND EMAIL ADDRESS OF PERSON PROVIDING LETTER OF SUPPORT (attach letter to this form):

DATES OF TRAVEL: _____

DEADLINE DATE FOR DEPOSITS, ETC: _____

REASON FOR TRAVEL (i.e. Conference, Workshop, etc.):

ITEMIZE THE COSTS ASSOCIATED WITH THIS TRIP:

Airline	\$	_____
Mileage - Number of miles (round trip): _____ # of vehicles: _____	\$	_____
Type of vehicle: _____ personal van/car _____ NMU van/car _____ NMU bus		
Lodging: Number of nights: _____ Number of people: _____	\$	_____
Conference Fee	\$	_____
Food	\$	_____
Other	\$	_____
TOTAL NECESSARY FOR TRIP:	\$	_____

SOURCES AND AMOUNTS OF OTHER FUNDING REQUESTED (Indicate if approved or pending):

AMOUNT REQUESTED FROM THE STUDENT TRAVEL FUND: \$ _____

STATE THE NAME(S) OF ALL PERSON(S) OR IDENTIFIABLE GROUP(S) PARTICIPATING IN THIS ACTIVITY (Requests will **NOT** be considered without the names of the participants):

STATE HOW YOU, THE STUDENT GROUP, OR THE UNIVERSITY, WILL BENEFIT FROM YOUR PARTICIPATION IN THIS ACTIVITY:

Signature of Applicant: _____ **Date Submitted:** _____