## Fulbright College of Arts and Sciences Non-Tenure Track Faculty

## Request for Funds from the ARSC Faculty Travel Account



October 1, 2023 - September 30, 2024

Faculty Name:	Title:		
Department: %Appointment to Fulbright College			
Name of Meeting:			
Location of Meeting:			
Departure Date: Meeting Begins:	Meeting Ends:	Return:	
Title of Presentation:			
Nature of Participation:			
Type of Meeting:	Total Requested: \$		
Justify your attendance at this meeting in terms of for the University. Explanation, justification, or or in an attachment.	¥ .	•	
Attach a one-page summary of publications, por creative activities, for the past three years.  Have you received University, Department, or Company of the page 1.		YES	NO
Have you received University, Department or Co	ollege funding for travel in the past	3 academic vears?	
Over the past three years, how much have you re		•	
Although the total cost of a trip may exceed \$1500, rone trip is \$1500. When you enter your TA, please li remainder of the funds for travel exceeding this amo can be claimed from both the University and another	note that the maximum amount avail ist the ARSC cost center first with \$ ount is the responsibility of the facult	lable from ARSC travel accounts 1500 as the limit. Obtaining the	e
have reviewed this request and agree with the ju	stification.		
Chair	Date		
. ARSC Funded Faculty Travel \$			
. Funds approved by Committee: Date			
	<del></del>		