



FACULTY DEVELOPMENT TRAVEL GRANT APPLICATION – FY 2025

Name: _____ Date of Request: _____

MSU I.D. number: _____ E-mail: _____

Rank: _____ Tenured: ___ Yes ___ No

Travel Purpose: _____

Travel Dates: _____

Refereed _____ Invited _____ Professional Development _____

Type of Travel: _____ International _____ National _____ Regional _____ State

For conference presentations/performances, status: _____ Accepted _____ Under Review

Funding from other sources: _____ Amount _____ Type

_____ Amount _____ Type

Departmental Funding Request

Total Meals	
Total Lodging	
Registration	
Total Mileage	
Air Fare	
Other (specify):	
Total Amount Requested	

Number of travel grants for which you have received funding for this academic year: _____

Signature of applicant: _____

For department use:

Proposal status: _____ Accepted _____ Rejected _____ Deferred

Amount funded: _____

Signature of Department Head: _____