

School Travel Fund Request

School of Literatures, Cultural Studies and Linguistics (MC 315)
1722 University Hall
601 South Morgan Street
Chicago, Illinois 60607-7117

Date: _____

Name: _____

Dept: _____

Date of Event: _____ to _____

Location (City, Country): _____

Name of the Event/Sponsoring Organization: _____

Nature of Participation: _____

Total Estimate Expenses: _____

Co-Support Fund from Home Department: _____

Support Fund Request from School: _____

Application Signature _____

Note:

- Please submit proof of acceptance to the event, proof of funding from your home department and the application form to the Director and/or Associate Director of School of LCSL. The funds available during each fiscal year are limited so support is not guaranteed.
- The request is applicable for clinical assistant professors, clinical associate professors and visiting assistant professors.