



BROWN Graduate School *Forms*

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RESEARCH TRAVEL GRANT APPLICATION

STUDENT NAME: _____ STUDENT ENTRY YEAR: _____

CONTACT EMAIL: _____ SIS ID NUMBER: _____

DEPARTMENT: _____ CAMPUS BOX: _____

THIS APPLICATION MUST BE ACCOMPANIED BY A ONE-PAGE DESCRIPTION OF YOUR PROPOSED ACADEMIC ACTIVITIES, A FULL BUDGET FOR THESE ACTIVITIES, AND DOCUMENTED CONFIRMATION OF YOUR OUTSIDE AWARD OR AWARDS.

Source/s of outside award/s: 1. _____
2. _____
3. _____

Amount/s of outside award/s: 1. _____
2. _____
3. _____

Amount requested from the Graduate School: _____

Duration of travel

Departure date: _____

Return date: _____

NOTE: THIS APPLICATION MUST BE FILED AT LEAST ONE MONTH PRIOR TO THE DATE OF DEPARTURE

Please indicate any other means of financial support during the period of proposed travel (if applicable):

Student

Date

Director of Graduate Study

Date

Graduate School

Date