

Graduate Student Professional Development Supplement Award Application

Please provide your information below, including your professional development activity details. Work with your degree program to complete the degree program section. Once the application is complete with all three signatures (student, program administrator, and department/program chair), submit the application online:

<https://tinyurl.com/supplement-award>

Student Information

First Name: _____

Last Name: _____

UNID (u1234567): _____

Phone Number: _____

UMail (uNID@utah.edu): _____

Application Details

Academic Degree Program:

Professional Development Activity:

Host Organization: _____

Does your Professional Development activity require travel? ☐ Yes ☐ No

City: _____

State: _____

Country: _____

Start Date of Activity (or travel date): _____

End Date of Activity (or return date): _____

How will this activity benefit you professionally?

Estimated Expenses (USD)

Registration: \$ _____

Abstract Fee: \$ _____

Other: \$ _____

For activities that include travel:

Airfare: \$ _____

Ground Transportation: \$ _____

Lodging: \$ _____

Other: \$ _____

Total Estimated Expenses: \$ _____

Allowable Expenses:

- Activity registration fees
- Abstract fee
- Airfare/car mileage
- Lodging
- Ground transportation

Non-allowable expenses:

- Meals
- Per diem
- Society membership fees
- Concur report fee
- Car rentals

I, _____, confirm that the information stated in this application is correct. By signing and submitting this application, I certify under penalty of perjury as follows (please check the box that applies below):

☐ I am a graduate of a Utah high school (no verification required); or

☐ I did not graduate from a Utah high school, but I am a United States citizen or a citizen of another country who is lawfully present in the United States. If this box is checked, I understand that my lawful presence within the United States will be verified through the Department of Homeland Security prior to the disbursement of this award.

Student Signature: _____

Date: _____

The section below must be completed by the applicant's academic degree program administrator

Program Administrator:

Amount provided by program or University fund: \$_____

Reimbursement method (Concur, ePR, or eJournal): _____

I, _____, agree that the information stated in the preceding section is correct and that I am responsible for coordinating the reimbursement and reporting the award in Scholarship Administration, if funds are awarded.

Program Administrator Signature: _____

Date of Approval: _____

Department/Program Chair Approval

Full Name (Printed): _____

Signature: _____

Date of Approval: _____

Instructions for Submitting Application

Once this form is complete (including approvals), please submit the application online: <https://tinyurl.com/supplement-award>