

Appendix 15-A:



15A. PERSONAL DEBIT ACCOUNT APPLICATION

Check One: Dissertation Expenses SSWR Conference CSWE Conference Other

Check One: I'm requesting funding from: My Personal Debit Account Dean's Fund

Name: _____ UMID: _____

Social Science: _____ E-mail Address: _____

Daytime Phone #: _____ Today's Date: _____

*Conference Title: _____

Purpose of attendance (check one): Deliver paper Present poster

Departure Date: _____ Return date: _____ Destination: _____

Estimate of total conference expenses: \$ _____ Amount Requesting: _____

***Dissertation Expenses anticipated:**

Student Signature: _____ Date: _____

If your funding request exceeds \$400, please have your Faculty advisor (travel) or dissertation co-chair complete the following section.

For the Faculty advisor/Dissertation co-chair: Please check the appropriate box below, make any comments you wish to, and print and sign your name.

Is the applicant making satisfactory progress toward the degree? Yes No

Comments: _____

Faculty Advisor/Dissertation Co-chair Name Printed

Faculty Advisor/Dissertation Co-chair Signature

Date

For office use only:

Director Signature: _____ Date: _____

Approved for \$ _____ From account # _____