

**University of Scranton
Office of Research and Sponsored Programs
Student Preapproval Travel Form**

NAME: _____ **ROYAL ID#:** _____

E-MAIL: _____

FACULTY SPONSOR: _____

PRESENTATION TITLE: _____

SEMESTER/YEAR ATTENDING CONFERENCE: _____

CONFERENCE NAME: _____

CONFERENCE LOCATION: _____

ANTICIPATED CONFERENCE DATES:

FROM: _____

TO: _____

WILL YOU BE AN ENROLLED STUDENT DURING THE CONFERENCE DATES?

YES NO

WILL YOU BE PRESENTING ORIGINAL RESEARCH AT THE EVENT?

YES NO

**WILL YOU BE PRESENTING RESEARCH CONDUCTED IN COLLABORATION
WITH A UNIVERSITY OF SCRANTON FACULTY MEMBER? YES NO**

DOES THE RESEARCH PROJECT SPAN MORE THAN ONE SEMESTER?

YES NO

For ORSP Use only:

APPROVED: YES NO

Charge Fund: 840156 –ORSP Student Travel

APPROVAL SIGNATURE: _____

Return completed form to:

Jamie Hayes, Office of Research and Sponsored Programs
O'Hara Hall Room 509
jamesina.hayes@scranton.edu or (570) 941-6353