University of Scranton Office of Research and Sponsored Programs

Faculty Grant-writing Initiative Travel Form

NAME:	
DEPARTMENT:	
ROYAL ID#:	
E-MAIL:	
SEMESTER ATTENDING WORKSHOP*:	YEAR:
TITLE OF WORKSHOP*:	
WORKSHOP* LOCATION:	
ANTICIPATED DATES OF WORKSHOP*: FROM: TO:	
WORKSHOP* DESCRIPTION:	
BRIEFLY DESCRIBE HOW ATTENDING THIS EVENT WILL BENEFIT YOUR RESEARCH PROGRAM:	

^{*}This may also pertain to a visit to a funding agency, e.g., NIH, NSF, other government funding agency. Please specify this when completing the application.