**University of Scranton**

**Office of Research Support and Sponsored Programs**

**Student Preapproval Travel Form**

**NAME:** Click or tap here to enter text. **ROYAL ID#:** Click or tap here to enter text.

**E-MAIL:** Click or tap here to enter text.

**FACULTY SPONSOR:** Click or tap here to enter text.

**PRESENTATION TITLE:**

Click or tap here to enter text.

**SEMESTER/YEAR ATTENDING CONFERENCE:** Click or tap here to enter text.

**CONFERENCE NAME:**

Click or tap here to enter text.

**CONFERENCE LOCATION:** Click or tap here to enter text.

**ANTICIPATED CONFERENCE DATES:** Click or tap here to enter text.

**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 COLLAORATION WITH A UNIVERSITY OF SCRANTON FACULTY MEMBER?** YES [ ]  NO [ ]

**DOES THE RESEARCH PROJECT SPAN MORE THAN ONE SEMESTER?**  YES [ ]  NO [ ]

**For ORSSP Use only:**

**APPROVED:** YES [ ]  NO [ ]  **Charge Fund: 840156 –ORSSP Student Travel**

**APPROVAL SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_