

**University of Scranton
Office of Research and Sponsored Programs**

Student Preapproval Travel Form

NAME:

ROYAL ID#:

E-MAIL:

FACULTY SPONSOR:

PRESENTATION TITLE:

SEMESTER ATTENDING CONFERENCE:

YEAR:

CONFERENCE NAME:

CONFERENCE LOCATION:

ANTICIPATED CONFERENCE DATES:

FROM:

TO:

WILL YOU BE AN ENROLLED STUDENT AT TIME OF CONFERENCE?

YES NO

WILL YOU BE PRESENTING ORIGINAL RESEARCH AT THE EVENT OR 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: _____