

Office of Faculty Affairs and Professional Development

Faculty Travel Award Application

The following must be attached and submitted with the application:

1. [Request for Authorization to Travel Form](#) with all approving signatures, i.e. foreign travel requires Risk Management approval.
2. Abstract of the paper/poster to be presented.
3. Letter or email which lists the date and place of the conference and states the acceptance for presentation through a **peer reviewed/juried process**.
4. An estimate/quote for your roundtrip airfare from the San Francisco Bay Area to the city/state/country in which conference is being held, e.g. online itinerary, airline booking confirmation.
5. An estimate/quote for your lodging in which conference is being held, e.g. online lodging cost, lodging booking confirmation. If applicable, submit an approved [Authorization for Exception to the Travel Policy](#).

Submit completed application form and attachments to your Department Chair/Director and College Dean. It is the faculty member's responsibility to ensure that all application materials are received in the Office of Faculty Affairs and Professional Development, ADM 451, at least one week prior to travel. Based on the university travel policy, note that for international travel, you need to fill out additional forms (See [Fiscal Affairs website](#)) and allow more time before you submit your application. For further information, please contact your college travel coordinator or Faculty Affairs at facaffrs@sfsu.edu.

Applicant Information

| | | | |
|----------------|---------------------|--------------------|-----------------|
| Applicant Name | | Today's Date | |
| Phone Number | Email | Department | College |
| Home Address | | City, State | Zip Code |
| Academic Rank | Year of Appointment | Tenured? Yes or No | Employee I.D. # |

Travel Plans

| | | | |
|-----------------------------|-------------------------------------|--|--|
| Departure City | | Destination City | |
| Title of Conference/Meeting | | Name of Organization Sponsoring the Conference/Meeting | |
| Date of Meeting | | Place of Meeting | |
| Airfare Estimate \$ | Type of Presentation (Oral, Poster) | Title of Presentation | |
| Lodging Estimate \$ | | | |

Applicant Signature: _____ Date: _____

Department Chair Signature: _____ Date: _____

College Dean Signature: _____ Date: _____

| | |
|--|----------------------|
| FACULTY AFFAIRS USE ONLY | <u>Date Received</u> |
| <input type="checkbox"/> Approved, Airfare: \$_____ Lodging: \$_____ Total Amount Awarded: \$_____ | |
| <input type="checkbox"/> Denied: _____ _____ | |
| Approving Official Signature: _____ <div style="text-align: center;">Dean of Faculty Affairs and Professional Development</div> | |