

Instructions

Please fill out the application to provide verficiation of matching funds and a faculty evaluation on behalf of your student who is applying for travel grant funding. This form should be returned to the student so they may include it in their application materials.

Student Name		Student ID		
Match Appro	oval			
		rom their departments or other appropriate sources. This portion holder) who will verify matching funds.		
What is the source	e of the matching funds?			
Chair/Department/Dean/College or School		Grant/Sponsoring Organization		
Match Amount		Account Number(s) of Sources		
Date	Title/Name of Account Ho	lder		
	Signature			

Faculty Evaluation

Denton, Texas 76203-5017

This portion should be completed by the department chair, major professor or faculty member familiar with the applicant's work.

Please rate the importance of the proposed activity (presentation, workshop participation, etc.) to the applicant's program of study and/or professional development, on a scale of 1 to 5 (not important to extremely important).

1	2	3	4	5	
Date		Title/Name			
		Signature			
	raduate School Circle #305459				graduateschool@unt.edu telephone: 940.565.2383