

MU Undergraduate Research Travel Grant Application

Name of Undergraduate Researcher _____

Student ID# _____

Local Address _____

Major _____ Graduation Date _____

Faculty Mentor and Department _____

Faculty Mentor's Campus Address _____

Name of Conference _____

Type of meeting (please circle one) regional national international

Location of Conference _____

Dates you will be attending the conference _____

Title of poster/talk (circle one) you will be presenting:

Author(s) _____

Please attach the following:

- A letter explaining why you want to attend this meeting.
- A letter of support from your faculty mentor.
- An itemized budget of what the money will be used for.
- A copy of your abstract, including the title and authors
- Supporting documents (i.e., conference registration)

All information must be submitted to:

Office of Undergraduate Research

150 Life Sciences Center
University of Missouri Columbia
Columbia, MO 65211-7310
Fax: (573) 884-9395