

# MICHIGAN STATE UNIVERSITY

## Graduate STUDENT TRAVEL Funding Criteria

Funds from The Graduate School are available for graduate students to travel to present their research at professional conferences. These funds are not available to support thesis/dissertation research projects or course work. This funding is only for graduate students pursuing a degree program. Requests for funding to travel to international meetings will be considered jointly by The Graduate School and the Office of International Studies and Programs (ISP), therefore, you need to submit only one form for consideration by both offices. **Requests are limited to \$400. Usually only one request per student will be considered during his/her degree program.**

Send the following to Dr. Tony Nunez, 118 Linton Hall:

1. The attached **Request for Travel Funding** form completed, listing:
  - a summary of cost sharing with the student's department and college and, when appropriate, with International Studies and Programs (see below). Whether or not these units provide funding, an endorsement of the request from both the department and the college is still required. Use a copy of the attached form to provide this information.
  - Requests must be accompanied by an endorsement from the major professor/advisor stating that the student is making satisfactory progress in his/her graduate program. You may use the attached form to provide this information.
2. Travel requests must be accompanied by a **brief letter from the student** indicating the following:
  - a. **Student must be registered the semester the funding is awarded**
  - b. Name of the conference or professional meeting
  - c. The title of the research to be presented and a list of authors
  - d. The date(s) and the location of the meeting
  - e. A break-down of the costs of the trip
3. **Application for International Travel Insurance:** if travel is international.

**NOTE:** If your award is for an international travel fellowship. In order for this fellowship to be processed, we must have a signed copy of the attached form returned to the Graduate School indicating your preference for coverage. This form **MUST** be signed and returned to the Graduate School with your request for funding. **Your request for funding will not be processed without this form.**

### **International Studies and Programs (for international conferences only)**

Through the Graduate Student International Travel Grant, International Studies and Programs (ISP) offers MSU graduate students small travel grants to international professional conferences: 1) to present papers (not merely attend) or 2) to fulfill other similarly significant roles at the conference (a detailed description of responsibilities must be included). The research presented must have an international focus. Requests are limited to \$500. Usually only one request per student will be considered during his/her degree program. After securing the major professor/advisor, department, and college endorsements, eligible students should send the completed attached form and request letter to The Graduate School, 118 Linton Hall. If appropriate, The Graduate School will forward the request to ISP for funding consideration.

A decision on support will be made within three weeks after receiving all of the necessary materials by The Graduate School. Decision letters will be mailed to the preferred office or home address.

**PLEASE NOTE:** If you have Stafford or other needs-based loans/aid, the amount of your award may cause a reduction of your loan(s) or other financial aid. However, if the award is for travel or research support, please provide a copy of meeting registration form, airline ticket price, hotel costs, etc. The Graduate School will forward these to the Office of Financial Aid as an indication that The Graduate School funds should **not** be subtracted from your loan/aid amount. However, final decisions are made on a case-by-case basis by the Office of Financial Aid following guidelines provided by the federal government.



THE  
GRADUATE  
SCHOOL

Office of the  
Associate Dean  
for Academic Affairs

118 Linton Hall  
East Lansing, Michigan  
48824-1044

517/355-0301  
FAX: 517/353-3355



**TRAVEL FUNDING REQUEST TO THE GRADUATE SCHOOL**  
 Associate Dean's Office

118 Linton Hall  
 Michigan State University  
 East Lansing, MI 48823  
 Phone: 517.355.0301  
 Fax: 517.353.3355

**SHARED FUNDING AND ENDORSMENT FOR:**

Date: \_\_\_\_\_

(Print) Student Name: \_\_\_\_\_

Student Number: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Department: \_\_\_\_\_

College: \_\_\_\_\_

**\*Attach the specific funding request letter from the student.**

*The above student is making satisfactory progress towards his/her degree.*

\_\_\_\_\_  
 (Print) Major Professor

\_\_\_\_\_  
 Signature of Major Professor

**A Signature is required from the major professor, the department chair, and the college even if they have no funds available to support this request. Individual departments and colleges may request additional information from the applicants.**

FUNDING SOURCE	NAME AND ADDRESS (Print or Type)	SIGNATURE	ACCOUNT#	AMT FROM SOURCE
Major Professor				\$
Department/Unit Chair				\$
College Dean/Associate Dean				\$
International Studies & Programs				\$
	209 International Center (If you receive funding from this unit it will be in the form of a Travel Voucher) (For international conferences only)			
Other (specify)				\$
<b>TOTAL:</b>				\$
<b>FUNDS REQUESTED FROM THE GRADUATE SCHOOL:</b>				\$

Please Check Box(s) That Apply

*Graduate School Use Only*

- AGEP Fellow  
  AGEP Scholar  
  FAST Fellow  
  University Enhancement Fellowship  
  University Distinguished Fellow

Disapproved: \_\_\_\_\_ Amount Approved: \$ \_\_\_\_\_

## INSURANCE COVERAGE FOR INTERNATIONAL TRAVEL

**The Graduate School will provide international travel insurance coverage for those students who are authorized to travel internationally and whose travel is partly funded by us.**

Though the insurance is *optional* for your travel, completing and returning the Application for International Insurance is not. **If you are traveling internationally, in order to get funding from The Graduate School, you *must* return the application form signed and dated.**

You may choose to

- Accept coverage
- Decline coverage

either way, the form must be signed, dated in the appropriate location on the form and returned to The Graduate School *before* any funds are released.

This coverage is intended to provide for the special assistance needs of students traveling abroad. The coverage, provided by HTHWorldwide covers accident and sickness benefits and is the same used by MSU students enrolled in programs through the Office of Study Abroad.

This insurance is secondary over any other insurance. Claim forms must be submitted in order to process payments for benefits received. HTHWorldwide will coordinate benefit coverage with any other insurers.

For routine health care services, typically, payment is made and claim forms are submitted for reimbursement. To initiate coverage for medical emergencies, telephone a HTHWORLDWIDE coordinator from your location noted on the identification card. They will verify your participation in the program and assist in managing the situation. Please note that the Chickering program or other insurance may limit medical emergency benefits that result in evacuation, so it is important to contact HTHWORLDWIDE initially to manage the emergency so that benefit coverage is not restricted.

### **PLEASE NOTE: THE GRADUATE SCHOOL WILL PAY FOR THIS COVERAGE FOR YOU!**

- Coverage is in effect ONLY while students are in the foreign country.
- Students will be issued identification cards.

**AGAIN, IN ORDER FOR YOUR FELLOWSHIP TO BE PROCESSED, WE MUST HAVE A SIGNED COPY OF THE ATTACHED FORM RETURNED TO THE GRADUATE SCHOOL INDICATING YOUR PREFERENCE FOR COVERAGE OR NO COVERAGE.**



MICHIGAN STATE  
UNIVERSITY

THE **GRADUATE SCHOOL**  
Associate Dean for Student Affairs  
118 Linton Hall  
East Lansing, Michigan  
48824-1044  
517/355-0301  
FAX: 517/353-3355

## APPLICATION FOR INTERNATIONAL TRAVEL INSURANCE

I wish to **ACTIVATE** coverage for my authorized international travel. The Graduate School is providing a portion of the funding for this travel.

NAME: (*print*) \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Gender (please circle one):                      FEMALE                      MALE

Citizen of: \_\_\_\_\_

STUDENT PID #: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

COUNTRY (countries) TRAVELING TO: \_\_\_\_\_

DATE LEAVING THE U.S.: \_\_\_\_\_ DATE RETURNING TO U.S.: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Coverage is in effect **ONLY** while students are in the foreign country.

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I wish to **DECLINE** the additional, paid HTH Worldwide (accident/sickness) coverage offered to me by the Graduate School for my authorized international travel that is partly funded by the Graduate School.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ STUDENT PID \_\_\_\_\_

IMMEDIATELY RETURN THIS COMPLETED FORM, SIGNED & DATED, TO:  
118 LINTON HALL

The processing of your fellowship form will be completed quickly upon receipt of this form.