

University of Scranton
Office of Research and Sponsored Programs
Student Preapproval Travel Form

NAME: _____ **ROYAL ID#:** _____

E-MAIL: _____

FACULTY SPONSOR: _____

PRESENTATION TITLE: _____

SEMESTER/YEAR ATTENDING CONFERENCE: _____

CONFERENCE NAME: _____

CONFERENCE LOCATION: _____

ANTICIPATED CONFERENCE DATES:

FROM: _____

TO: _____

WILL YOU BE AN ENROLLED STUDENT DURING THE CONFERENCE DATES?

YES NO

WILL YOU BE PRESENTING ORIGINAL RESEARCH AT THE EVENT?

YES NO

WILL YOU BE PRESENTING 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: _____

Return completed form to:

Therese Kurilla, Office of Research and Sponsored Programs
O'Hara Hall Room 425
therese.kurilla@scranton.edu or (570) 941-6362