UMass | Dartmouth

Student Travel Questionnaire

Any student who is traveling and using university funds shall complete this form. This form needs to be completed **prior** to any approval of travel.

Process Coordinator: _____

SECTION 1 - Completed by Student

Student Name: _____ **Student ID:** _____

◯ Graduate Student ◯ Undergraduate Student

Student Tax Status:

◯ Domestic/Resident Alien Student

◯ Foreign/Non-Resident Alien Student

1. Travel Type:

◯ In-State Same Day ◯ Overnight Domestic

◯ Same Day Out of State ◯ Overnight International

2. Travel Information

   a. Dates of travel: Start Date:_____ Return Date: _____

   b. Destination:_____

   c. Conference: (please provide link) _____

3. Explain the purpose of the travel:

4. Did you apply for a GSS and/or GSTS Travel Award/Scholarship?

5. Are you an employee, traveling as part of your job responsibilities?

   Job Title: _____

   Direct Supervisor's Name: _____

   If **"yes,"** provide the job responsibility to be performed:

_____ _____

Student's Signature Date

After completing Section 1, forward the form to your direct supervisor (for employment-related travel) or your campus/department sponsor.

Students receiving a travel scholarship must confirm their eligibility with Financial Aid.

SECTION 2 – Must be Completed by Faculty/Supervisor

Please provide funding information for the travel:

speed type(s): _____ project number: _____

Please describe the primary purpose of the travel:

◯ Conference presenting as author/coauthor for UMassD sponsored research

Conference: (please provide link)

_____

Please attach a copy and acceptance letter for the paper.

◯ Conduct UMassD Faculty led research

Please describe how the research results of this travel will be used by the University.

Does the research performed fulfill obligations to an outside funding agency?
If yes, please describe.

◯ Participate in a competition as a representative of UMassD

Please describe how

◯ Programmatic travel that is structured, managed, and funded around a specific academic program or institutional program

Please describe how the primary programmatic results will be used by UMassD

◯ Attending or presenting at a conference primarily for educational purposes or professional experience (typically, to present dissertation or thesis research)

◯ Work on project or research to further the student's education or training

◯ Other (provide description):

◯ By checking this box, the signatory verifies that the specified student's travel is directly associated with and required by their employment duties at UMass Dartmouth

_____ _____ _____

Supervisor/Sponsor Name Signature Date

After completing Section 2, forward the form to controller.request@umassd.edu

SECTION 3 – To be completed by Controller's Office

◯ Accountable Plan

Delegate Request: _____

(Form required for all New Requests)

Delegate Request Status: _____

◯ Scholarship *Students receiving a travel scholarship must confirm their eligibility with Financial prior to incurring any charges*

Controller's Office Signature: _____ Date: _____