



Travel Support Application

*This form must be attached to the Travel Authorization Form
*Hand written documents will not be accepted

Travel support is limited to \$1,000 per individual.

Name: _____ Department: _____ Kean ID#: _____

Category: _____ Employee Status: _____

Type of Presentation: _____ Title of Presentation: _____

Describe in detail how this activity will advance your scholarly contributions, teaching effectiveness, and service to the campus community:

Scholarly Contributions:

Teaching Effectiveness:

Service:

Provide rationale on any travel for more than three days:

If the dates of travel conflict with scheduled class time, please indicate the plan for your scheduled classes while away for travel. Managers, Directors, and Deans also need to provide coverage for their office.

Disciplinary history: YES NO

Copy of the current semester teaching schedule is attached.

Applicant Signature: _____ Date of Application: _____