

COLLEGE OF NURSING TRAVEL APPLICATION

for FACULTY SERVICES PROFESSIONAL DEVELOPMENT FUNDS, 2025-2026 (ONE REQUEST PER YEAR PER FACULTY)

Name: _____ Today's Date: _____

Faculty Rank (select one): Tenure Track Clinical Instructional Other _____

FTE Appointment: _____ Division Head (select one): Sue Gardner Lisa Segre

Name of Meeting/Conference: _____

Conference link/website: _____

Your Attendance will be (select one): Virtual: In person: If in person, answer the following questions:

- City and State of this conference? _____ , _____
- Dates of business travel: _____
- List any personal travel dates: _____

*****YOUR PARTICIPATION (Note what you feel your priority number is in the statement area below) *****

Priority 1 Funding: (up to \$2,000): Presenting papers, posters, or other scholarly work; receiving an award at national conference where no funding is provided (priority will be given to paper presentations and to first author of paper or poster presentations).

Priority 2 Funding: (up to \$1,000): Professional development courses related to research, scholarship, or professional advancement.

STATEMENT: describe how the request will contribute to the strategic mission and goals of the College AND how it will facilitate the conduct and dissemination of your scholarship/research endeavors and/or professional development

ESTIMATED EXPENSES: (THIS FUND DOES NOT REIMBURSE MEALS OR MILEAGE TO/FROM DEPARTING AIRPORT)

TYPE OF EXPENSE	EXPENSE ESTIMATED COST	AMOUNT OF OTHER FUNDING SOURCE(S) & MFK(s) – another CON unit, dept, UIHC, etc.
TRANSPORTATION (AIR, CAR, ETC.)	\$	
LODGING	\$	
REGISTRATION	\$	
PARKING	\$	
TAXI/UBER	\$	
TOTAL ESTIMATED EXPENSES =	\$	

****Do you have other sources of funds? Please note these in the box above, including your account(s) mfk****

Evidence of presentation must accompany TEV for reimb. Save with last name & email form TO BRENDA VAN DEE.

For Office of Faculty Services Use Only: Priority 1 Priority 2 Other =

Division Head Approval _____ Date

MFK: _____