

Student Checklist

- ☐ **Print and Clearly fill out the Graduate Assistance Application that follows.**
- ☐ **Do not forget to attach a copy of your acceptance letter as proof of acceptance to the conference.**
- ☐ **Turn in the application with proof of acceptance to the Graduate secretary or the Department secretary.**
 - English – **Tessa Hauglid 4166 JFSB**
 - French & Italian – **Debbie VanAusdal 3134 JFSB**
 - Comparative Arts & Letters – **Andrea Kristensen 3008 JFSB**
 - Linguistics and English Language – **Mary Beth Wald 4064 JFSB**
 - Spanish & Portuguese – **Holly Price 3190 JFSB**
 - Center for Language Studies—**Rebecca Brazzale 3086 JFSB**
- ☐ **Wait for an acceptance email from the Dean's office** (The Dean's office will hold your application until you have returned from the conference)
- ☐ **After receiving an acceptance email and attending the conference, bring all receipts to the Dean's office located in 4002 JFSB**
- ☐ **At the Dean's office you will fill out the remainder of the application**
- ☐ **Your reimbursement will then be processed, and you will receive a check shortly thereafter.**
- ☐ **For any questions please call the Dean's office at 422-2775**

Name: _____

Address: _____
Street City State Zip

E-mail: _____

Telephone: _____ U.S. Citizen? Y or N

Department/Program: _____

Faculty Mentor: _____

- | | Transportation
(Air Fare or Mileage) | Lodging | Meals | Registration Fee | Total |
|--------------------|---|---------|-------|------------------|-------|
| Estimated Expenses | | | | | |

REMEMBER: Please attach a copy of your acceptance letter as proof of acceptance to the conference.

For Department use only:

This graduate student has been approved by the Department of _____ for a travel expense reimbursement up to a maximum of _____.

Signature of Graduate Coordinator

Date

Department Account Number

NOTE: Following Department approval, please send to 4002 JFSB for College approval.

For College use only:

This graduate student has been approved by the College of Humanities and qualifies for the matching amount of up to _____.

Total amount of travel assistance approved is a maximum of: _____.

Signature of Dean

Date

BRIGHAM YOUNG UNIVERSITY—TRAVEL REIMBURSEMENT REQUEST

Date _____

I, _____, request reimbursement for travel expenditures made by me
(Your Name)
on behalf of Brigham Young University to _____.

(Destination and conference name)

Date	Registration Fee	Lodging	Meals	Transportation (Air Fare or Mileage)	Other	TOTAL
TOTAL						

All claims above are legitimate and correct according to BYU Travel Policy.

Student Signature

Date

BYU ID Number