**Dean's Supplemental Travel (DST) Fund Request Form**

*(Form to be used in addition to University Travel Request Form when applying for additional funding)*

Name:  Department:       Office Phone:       Submission Date:

Academic Rank:  Full Professor  Associate Professor  Assistant Professor

Lecturer  Clinical Assistant Professor  Other:

Tenure Track:  Yes  No Tenured:  Yes  No

Event:       Date(s) of Event:

Event Location:

**Classes Missed**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Dept** | **Course #** | **Course Title** | **Substitute Instructor** | **Day(s)**  (M,T,W,Th,F) | **Time** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

I will have my classes covered  I will not miss any classes (classes cannot be cancelled to attend event)

**Priority**

Presenting a paper/poster/creative work, etc. on original research at a professional conference

Serving on a panel or being a discussant at a professional conference

Chairing a session at a professional conference

Conducting research in the field

Participating in continuing education focused on assigned teaching areas

Accreditation

Other:

If presenting a paper/poster/creative work, etc. on original research at a professional conference has the submission been accepted by the organizing body? YesNo  N/A

If Yes, has the supporting documentation been attached? YesNo  N/A

If No, when is the expected date of notification of acceptance?

Have you received previously funding from the Dean’s Supplemental Travel Fund this academic year? YesNo

If Yes, how much funding was received? $

**Funding Request**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Total Cost of the Trip: | $ |  |  |  |
| Amount Funded by the Department: | $ |  | Other Department Funding this year:  (Limit $500 from Department) | $ |
| Additional Funding (e.g., grant, self) | $ |  | Other DST Funding this year:  (Limit $500 from DST) | $ |
| Requested Amount from the DST Fund | $ |  |  |  |
| Remaining Cost: | $ |  |  |  |

Please Provide any additional information that would assist the travel committee in their recommendation to the Dean for supplemental travel funds: (include additional documentation as needed)

**For Travel Committee Use:**

Additional Funding Request Recommended:  Yes  No

If Yes, amount recommended? $

If No (or only partial amount recommended), the committee must include rationale:

**For the Dean’s Office:**

Additional Funding Approved:  Yes  No

Rationale if not approved:

[Cherry Beasley, PhD, MS, FNP, RN, CNE, FAAN](https://www.uncp.edu/profile/cherry-maynor-beasley-phd-ms-fnp-rn-cne-faan)

Interim Dean of CHS