Application for TAMIN Travel Award
Submit application with original signatures only; all applications must be typed

Name: _______________________________ UIN: _______________ Date: __________
  Last First MI

Email: _______________________________ Phone: _______________ Dept: _______________

***Reimbursement for TAMIN Travel Awards will be posted to your TAMU account in the
form of a scholarship. If you have a balance due, it will be deducted from that posting. Any
credit amount remaining will then be sent to you.

This travel is: __________ Domestic (within USA) or __________ International

Overview: Attach a copy of the letter of invitation to present your poster/paper; describe below
1) why it is important for you to present at this meeting and 2) how it relates to your degree
program. (You may apply before receiving official acceptance to conference).

Title of Paper/Abstract: __________________________________________________________

Society/Conference Name (no acronyms, spell out): __________________________________________

Dates of travel: __________________________ Location: ______________________________________

Itemized budget; be specific on the items below.
Airfare/transportation ________________ Hotel/housing ________________
Registration fee ________________ Meals ________________
Other ________________

Total Requested $ 0.00

Approvals (Signatures here verify that the applicant’s PI is a member of the
Faculty of Neuroscience)

Signature of applicant  __________________________________________ Printed Name

Signature of PI  __________________________________________ Printed Name

Signature of Dept Head/IDP Chair  __________________________________________ Printed Name

For TAMIN use only

GPR: __________  ___ Approved ___ Not approved-why: __________________________________________
Full-Time: ______  __________________________________________
Proposal Submitted ______ Amount Awarded $ __________
Funds must be spent by: __________________________ Approved by __________________________ Date __________________________