



Advisor Support Funds APPLICATION

Applicant's Full Name

Contact Email

Contact Phone Number

UC Davis Department

Position Title

Classification

Faculty Advisor

College or Departmental Advisor

Student Affairs Staff Advisor

Other

Supervisor's Name

Supervisor's Email

Supervisor's Phone Number

Supervisor's Signature authorizing attendance at stated event

Brief explanation of request - specify purpose, event, destination, date, etc

PROVIDE ITEMIZED BUDGET:

	<u>Conference</u> <u>Host Support</u>	<u>Department</u> <u>Support</u>	<u>Requested</u> <u>Support</u>
Registration Cost			
Flight Cost			
Ground Transportation Cost			
Hotel Cost			
Meals Cost			
Other Costs (please specify)			

To complete application process:

This form must be completed and signed by your supervisor.

Please include a copy of the notice you received from the conference host inviting you as a conference presenter or notifying you of being an award recipient. Please attach the confirmation as an additional page to this pdf file.

FINALLY:

Save your file as: FirstnameLastname_Conferencename_Conferenceyear.pdf. **Email single file pdf as an attachment to: upload.Applica.ql6ko0idr1@u.box.com.** The automated notification from Box that confirms successful upload of the application will serve as receipt of your application. Contact the Office of Academic Advising if you do not receive the automated response from Box.