



TRAVEL FELLOWSHIP FUNDING APPLICATION

Instructions on <https://grad.msu.edu/travel>. Completed forms should be emailed to the Graduate School at fellowshipapps@grd.msu.edu. Please note: this funding is in the form of a fellowship.

Date: _____

US. Citizen Yes No Current Graduate Program Enrollment: Doctoral
Permanent Resident Yes No International Student Yes No Master's
Professional
Medical/Law

If no, Country of Origin _____ Current Graduate GPA _____

Ethnicity (optional) _____
If you have federal financial aid, please consult the Office of Financial Aid to find out what the impact that this award would have on your aid package.

Student Name: _____ Last 4 digits of PID: _____

Mailing Address: _____

Phone: _____ Email: _____

Department and/or Program: College of Music College: College of Music

Graduate Program Assistant Name and Email: Anne Simon musgrad@msu.edu

I certify that the above student is making satisfactory progress towards a graduate degree.

Major Professor _____ Signature of Major Professor _____ Date (mm/dd/yyyy) _____

SHARED FUNDING AND ENDORSEMENT

A signature is required below from the major professor, the department/unit, and the college. IMPORTANT NOTE: A financial contribution from the major professor, department/program unit and/or college is highly encouraged to accompany a travel fellowship application. In the exceptional circumstance that a financial contribution is not possible from any of these sources, a brief statement of explanation from the graduate assistant/associate dean must accompany the application for further consideration.

TOTAL EXPENSES				1	\$
Funding Provider	Name and email address	Signature	Account #		Amount from Provider
Major Professor	@msu.edu			2	
Department / Program / Unit	Derrick Fox c/o musgrad@msu.edu			3	0
College	Derrick Fox c/o musgrad@msu.edu			4	
International Studies & Programs	N/A			5	0
For international conferences only. Endorsement from ISP at 209 international Center or hatche34@msu.edu .					
Other (specify)	N/A			6	
TOTAL FROM FUNDING PROVIDERS (Add lines 2-6)				7	
Funds Requested from the Graduate School (Required)				8	\$

Revised 9/2024

Amount Approved: _____ Disapproved: _____

Statement of Explanation from the Graduate Assistant/Associate Dean

** Students do not write in this box.*