

**Occupational Therapy** **Funding Request Form**

*To be completed by faculty, staff members or students requesting funds from the Occupational Therapy Graduate Program Funds. This request is to assist with travel related expenses, participation in scholarly and professional meetings or programs, or instructional/research supplies and/or equipment.*

**General Information**

|  |  |  |
| --- | --- | --- |
| Request date:  | Phone:  | Email:  |
| Requested by:  | Category:[ ] Full Time Faculty [ ] Staff [ ] Student [ ] Other:  | Department and/or Program:**Occupational Therapy** |

**Please attach a summary** of the rationale for your funding request. Use the attached template to structure your summary.

 Select **one** of the following: [ ] Regional/national/international conference/program

 [ ]  Instructional/Research supplies/equipment

 [ ] Support for on-campus program/event

 [ ]  Other professional development

Participation Level for regional, national, or international conferences:

[ ]  **Presentation** (delivery of paper, performance, or clinic; chairing competitive paper session or panel)

[ ]  **Participation** (on formal panels, seminars, workshops or serving as organization officer with specific meeting responsibilities).

[ ]  **Attendance** (at meetings or programs)

**Funding Request: Total amount requested, including all funding sources**

1. Amount requested from Dept./School:

2. Amount requested from School:

3. Amount requested from other sources: Source:

4. Amount requested from Provost/VPAA (if applicable):

**Requestor Signature *(required*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Admin Use Only***

Date received: Received by:

Amount approved by Graduate Chair from Grad OT Budget:

GC approval date: Sign/Initial:

Decision communicated to requestor on: via [ ]  email [ ]  phone [ ]  other

Funds transferred to department on:

(OR) Expense reports/paperwork to A/P on: Date reconciled/closed:

**Funding Proposal Summary**

Current OT graduate students:

|  |
| --- |
| **Requested by:** |
| **Title of program or conference:** |
| **Dates and location of travel *(if off campus):*****Im**  |
| **Title of project:** |
| **How presenting, participating, or attending will contribute to your professional development?**$ |
| **Projected expenses/supplies/equipment needed *(be as specific as possible)*:** * **Use bullets to indicate projected expenses**
 |
| **Include any relevant documentation to support your request here:** |