For AAVP-Faculty Office Use Only: Registered for 469R or other (optional):					
☐ Winter	☐ Spring	☐ Fall			
AAVP Sign.					



IW	VORK Student 🗌
	Winter
	Spring
	Fall
	•

## STUDENT RESEARCH ASSOCIATESHIP/TRAVEL APPLICATION Background Information

	Travel:					
		Type of Expense		Requested from Stude	ent Research	
		Total amount requested si	hould be no	Signature  Signature  Cumulative GPA  Current Course Load  Total Credit Hours as of Last Semester		
		Budget Information				
Estimated Mon Year of Gradua						
	<b>41.</b> /		Тс	otal Credit Hours as		
Year in School			Cı	urrent Course Load		
Last Semester (	GPA ——		Cu	ımulative GPA		
Proposal Title						
Faculty Dean		Print Name		Signature		
Faculty Mentor	·	Print Name		Signature		
Program/Facult	y Unit ——					
Email				Date		
-	Date (Int 1 Std. o	only):		Doto		
				2330		
Name on Passp Government ID				Stude	nt ID#	

Conference Name		Location	Dates	
Activity	Winter Semester Research	Spring Semester Research	Fall Semester Research	
Proposal Deadline	Oct. 31	Feb. 28	Jun. 25	

Airfare Hotel

**Conference Registration** 

**Ground Transportation** 

Total

Please attach your application, research proposal, including detailed itinerary if applicable, and any approval notifications/letters in an email to admin\_aid@byuh.edu.

The subject line should include the words "Student Research Associateship" or "Student Research Travel" depending on the desired and applicable program (SRA or SRT).