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HCDE Student Travel Request

Name:	Request Submission Date:
Request GSTA funding? MS/PhD only Yes No	You must be enrolled in classes the quarter of travel for GSTA consideration. Are you registered? Yes No
Presentation Title:	
Co-presenters:	
Conference Name:	
Conference Date:	Conference Location:
Presentation Type: <i>e.g., live, poster</i>	Conference Type: Regional National International
Will this paper be published in conference proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No	Presentation Submission Method: _____ <i>e.g. by abstract, by paper, by request</i>
If there will be no published proceedings, please elaborate on the visibility of the conference, as well as the expected number of conference attendees.	
Estimated Costs: Conference Fees: _____ Travel Costs: _____ Lodging: _____ Other: _____ Sub Total: _____ Other Funding Sources: Source: _____ Amount: _____ Source: _____ Amount: _____ Total requesting: _____	Please write a brief description of your presentation. Consider including your research results, applicability of the research to the field, benefits of your attendance to HCDE, etc.

Approval _____ Date: _____ Amount: _____

Updated: April 25, 2023