

University of Notre Dame

DEPARTMENT OF AEROSPACE AND MECHANICAL ENGINEERING Graduate Student Travel Grant Form

****Please submit this form to Nancy O'Connor in the AME main office PRIOR TO MAKING ANY TRAVEL PLANS.**

Graduate Student's Name: _____

Name of Professional Meeting: _____

Name of paper being presented (authors): _____

Meeting Dates: _____

Location: _____

Total cost for trip (include all registration fees and other associated costs): _____

Amount and account number for grant/contract cost sharing: _____

Amount requested from the AME department: _____

Student's Signature and Date: _____

Advisor's Signature and Date: _____