

Carleton College Student Research Request/Authorization Form

Student Name & ID #: _____ Year _____

Date _____ Email address _____

Purpose of Request (include date, destination, and presentation title, if applicable: _____

Name of faculty member who will be submitting evaluation/recommendation: _____

Cost break-down:

Lodging	\$
Transportation	\$
Airfare	\$
Mileage	\$
Ground transport:	
Bus	\$
Taxi	\$
Other: please specify _____	\$
TOTAL BUDGET:	\$

Are you requesting funding from another source? If yes, from whom? _____.
How much? _____

Please note:

- Authorizations expire at the end of each academic year. Balances are not carried over into the succeeding year unless a request is submitted and approved by Marynel Ryan Van Zee in the Office of Student Fellowships.
- If funds awarded are not used, you must inform Marynel Ryan Van Zee as soon as possible.
- Remember to submit a brief report upon your return.

For official use only:

Amount \$ _____ Account _____

Approval signature _____

Date _____