

# Request for RCTF Funds for Graduate Student Support

To defray the expenses related to the research dimension of graduate education

Amount of Request: \_\_\_\_\_  
(Maximum request is \$500.00)

Date: \_\_\_\_\_

Student's name \_\_\_\_\_ **Signature:** \_\_\_\_\_

Advisor's name: \_\_\_\_\_

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**Nature of Request:** Attach additional sheets if necessary, completed forms should be submitted with travel authorization request. Explain purpose for funds and need.

I have  have not applied for Student Travel Funds from The Graduate School (if not, explain below).

I am  am not presenting at this meeting (attach a copy of the abstract and any acceptance notification).

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**Advisor/ Mentor:** Please comment on the significance of the proposed activity or project a how it will bring recognition to the Department of Anatomy & Neurobiology.

**Advisor's Signature** \_\_\_\_\_

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Approval: Yes \_\_\_\_\_ No \_\_\_\_\_

Approved Amount: \_\_\_\_\_

**Signature:** \_\_\_\_\_

Approval Date \_\_\_\_\_

Jane Joseph, Ph.D., Director of Graduate Studies

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Approval: Yes \_\_\_\_\_ No \_\_\_\_\_

Account Number: \_\_\_\_\_

**Signature:** \_\_\_\_\_

Approval date: \_\_\_\_\_

Julie Poole, Department Business Office