

UIUC TEACHING ADVANCEMENT BOARD (TAB)

TRAVEL FUND APPLICATION FORM

204 Swanlund Administration Building, MC 304

Phone: 244-9096

Date Application Submitted: _____ *Destination (include name of City and State or Country):* _____

Applicant Information

Rank: *(Please "X" the box beneath the appropriate title.)*

Professor Associate Professor Assistant Professor Lecturer Emeritus University High School

Full Name (First Name, Middle Initial, Last Name) *Email Address* *Telephone Number*

Department/Unit Name *Campus Address including Mail Code*

Conference Information

Name of Conference _____

Sponsoring Organization(s) _____

Official Dates of Conference *Number of Days Attending Conference*
(Attach a photocopy of the Conference Flyer) *Excluding Travel Days)*

Title of Conference Papers(s) – if applicable

SIGNATURES:

Applicant

Unit Executive Officer

Typewritten Name: _____

Typewritten Name: _____

Supporting Documentation:

1. Dates of the conference or workshop. If the event is not entirely focused on teaching, include only the dates for the portion that is devoted to teaching. For travel applicants, number of days the applicant will be attending the conference, excluding travel days. This determines eligibility for supplemental expense allotment.
2. Description of the conference to be attended or the workshop to be offered, including how it will contribute to the advancement of the individual's teaching program and overall teaching effectiveness at the UIUC.
3. An abstract of the individual's presentation, if applicable.

Send one copy of completed application and attachments to:

Deb Kincaid
Office of the Provost & Vice Chancellor for Academic Affairs
204 Swanlund Administration Building
MC-304