

# 2016 Faculty International Travel Assistance Fund

OFFICE OF INTERNATIONAL AFFAIRS

**APPLICANT INFORMATION:**

Your Name \_\_\_\_\_

College or Department \_\_\_\_\_

Title \_\_\_\_\_

E-mail \_\_\_\_\_

Phone \_\_\_\_\_

**PLEASE PROVIDE A DESCRIPTION OF YOUR INTERNATIONAL TRAVEL ACTIVITIES AND WHAT THE FUND (\$1,000) WILL BE USED FOR:**

*(IF ADDITIONAL SPACE IS NEEDED, USE A SECOND PAGE AND ATTACH TOGETHER AS 1 PDF)*

**TRAVEL FUNDING NEEDS: LIST FUNDING SOURCES THAT ARE ALREADY COMMITTED TO COVER TRAVEL EXPENSES. DESCRIBE WHY SUPPLEMENTAL FUNDING IS BEING REQUESTED.**

**DEPARTMENT HEAD (OR EQUIVELANT) APPROVAL:**

Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Send this form along with any attachments (optional) to [international-affairs@ncsu.edu](mailto:international-affairs@ncsu.edu) no later than **5:00pm February 29, 2016.**