NC STATE UNIVERSITY

# OFFICE OF GLOBAL ENGAGEMENT
# International Travel Assistance Fund Signature Page

Application Details: global.ncsu.edu/travel-fund/

## APPLICANT INFORMATION

Name: _____

Title: _____

Phone: _____

Email: _____

College or Department: _____

## APPLICANT CERTIFICATION

By signing this application, I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may result in the removal of this application from review.

_____

*Print Name* *Signature* *Date*

**Applicant**

## DEPARTMENT CERTIFICATION

I acknowledge that our department has reviewed the proposal and supports this application. I understand that if selected, the participant's home department will receive a $1,000 award to defray international travel costs. Remaining costs associated with the project are the responsibility of the awardee and all Travel Authorizations must be routed through the home department.

_____

*Print Name* *Signature* *Date*

**Department Head/Supervisor**