

Instructional Travel Fund (ITF) – Application Form

Name: _____ Email: _____

Department/School: _____

Rank: _____ Year Started at UCF: _____

Department/Unit Contact Name and Email: _____

Related Faculty Initiative(s) (mark all that apply):

ITF-1 ITF-2

Travel Information

Name of Meeting/Workshop/Conference: _____

Dates: _____

Location: _____

Estimated Expenses: _____

Total Amount Requested (50% from COS; 50% from Dept/Unit):

Source of Additional Funding if expenses exceed total amount of award requested:

Department Contributions:

Department/Unit: \$ _____

Chair/Director Name: _____

Chair/Director Signature: _____

To be filled out by the Dean's Office

College: \$ _____

Dean/Associate Dean Name: _____

Dean/Associate Dean Signature: _____