



## College of Engineering Dean's Office Tenure-Track Faculty Travel Cost Share Request Form

**MUST HAVE SIGNATURES & BE SUBMITTED FOR APPROVAL 1 WEEK PRIOR TO TRAVEL.**  
*All requests must be approved by the Assoc. Dean for Research and processed by Susie Sherlock.*  
*Forms may be submitted in 102 Hammond or scanned to sjs10@psu.edu*

**Faculty Name:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Title/Position:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Access ID:** \_\_\_\_\_

**Travel Dates:** \_\_\_\_\_ through \_\_\_\_\_

International Destination: \_\_\_\_\_

Domestic Destination: \_\_\_\_\_

**Select one:**

- Research Development** (*faculty only*)
  - to meet with funding agencies to discuss potential research opportunities

**Required:** Please provide detailed justification of the funding opportunity or sponsor to be visited and how it will benefit research development.

**REQUIRED SUPPORT:** Faculty and Department Support are required for College Support to be considered.

**Faculty Share:** \$ \_\_\_\_\_ Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Explanation if faculty funds are not provided:** \_\_\_\_\_

**Department Share:** \$ \_\_\_\_\_  
\_\_\_\_\_ Department Head Signature \_\_\_\_\_ Date

**Explanation if faculty funds are not provided:** \_\_\_\_\_

**College Share:** \$ \_\_\_\_\_ College will match up to \$500 of Faculty Support

\_\_\_\_\_ Associate Dean Signature \_\_\_\_\_ Date

**Total Support:** \$ \_\_\_\_\_