

**Submit Completed form to the Office of the Executive Vice President and Provost
001 Seerley Hall, 0707**

2008-2009 Deadlines: **September 4** **February 5**
 October 2 **March 5**
 November 6 **April 2**
 December 4 **May 7**

ACTION OF COMMITTEE Date Received _____ [] Approved \$ _____ [] Not Approved
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INTERCOLLEGIATE ACADEMICS FUND REQUEST
Please Read the IAF Guidelines Before Completing This Form

Date of Application: _____

Name of Group/Department: _____

Number of Students Applying: _____

Faculty or Administrative Sponsor: _____

Purpose of Group:

Nature of Request

INCLUDE Name of Event, Site, Date and your role in the event (i.e., presenting a paper/poster, competing, etc.). Only requests received before the deadline will be considered for funding for that particular time period. *[If you are making a presentation, an abstract and a copy of the acceptance/invitation letter must be attached to this application.]*

Attach a budget specifying costs per person and for the group for registration, housing and transportation (IAF does not pay meal costs or membership dues, or presentation supplies/materials). Please be as specific as possible. Attach a conference program, registration materials, airfare quote, and other materials, which document the costs listed.
[Applications lacking a budget and documentation will **NOT** be considered.]

Other sources of funding which will support this activity:

<u>Name of Source</u>	<u>Amount Requested</u>	<u>Indicate denied, pending or approved</u>
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Total Cost: _____

Amount Requested from Intercollegiate Academics Fund: _____

Names of students attending; Students attending the same event should make *one application for all*. All students must be enrolled during the term of the activity.

Undergraduate Students

ID #

Graduate Students

ID#

How would attendance at this event benefit this group and the campus as a whole?

Anticipated means of sharing the knowledge gained:

[A completed Intercollegiate Academics Fund Report is required and must be attached to the Travel Reimbursement/Request for Payment form in order to receive reimbursement for expenses.]

We verify that the above information is accurate to the best of our knowledge. If plans change, we will promptly inform the Office of the Executive Vice President and Provost. Signatures below constitute agreement to abide by the “Intercollegiate Academics Fund Guidelines”. Please review the guidelines before submitting this request.

Student Representative Signature

Faculty Sponsor Signature Phone

Phone

Department Head Signature Phone

[NOTE: Reimbursement requests MUST be made within 14 days of the completion of the trip. After 14 days the award is cancelled and funds are returned to the account for future applicants.]

The University of Northern Iowa requests this information for the purpose of considering your application. No persons outside the University are routinely provided this information. Responses to all items are required. If you fail to provide the required information, the IAF Committee will not to act on this application.