**Logo

Description automatically generated**

**FELLOWSHIP TRAVEL**

**REQUEST FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| **Fellow Information** | | | |
| **Name:** | | **University:** | |
| **Award Year:** | **Phone:** | | **Email:** |
| **Advisor/Title:** | | | |

**Travel is:** In-State Out-of-State

|  |  |  |
| --- | --- | --- |
| **Travel Details** | | |
| **Event Name:** | | |
| **Destination:** | | |
| **Estimated Cost of Travel:** | | **Amount Approved:** |
| **Justification for Travel:** | | |
| **Presentation/Poster Title\*\*:** | | |
| **Departure Date:** | **Return Date:** | |
| **\*\*Abstract/Presentation is attached to this form.** | | |

I certify that this travel is directly related to the conduct of the University Nuclear Leadership Program.

|  |  |  |
| --- | --- | --- |
| **Student** |  |  |
| Printed Name | Signature | Date |

|  |  |  |
| --- | --- | --- |
| **Advisor** |  |  |
| Printed Name | Signature | Date |

***For Office Use Only***

**IO Signature:**

**Date:**

[neup@inl.gov](mailto:neup@inl.gov) Fax: (208) 526-1844 Phone: (208) 526-7203

**Presentation Abstract:**