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**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:** |
| **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 Fax: (208) 526-1844 Phone: (208) 526-6760

**Presentation Abstract:**