College of Letters and Science
MA in Language, Literature and Translation

MALLT Student Travel Award

The MALLT Travel Award program offers partial funding to MALLT students for presenting scholarly and creative works at conferences, performances, or exhibitions. Such activities are an important part of the professional development of graduate students, offering opportunities to establish professional networks, contacts for collaborative research, and sources of potential future employment. Funded amounts vary depending on distance, receipt of prior support through this program, and other current support. Funding is provided as reimbursement of expenses after the travel has been completed. There is a cumulative limit of approximately $200 per student.

Eligibility
- Students must be enrolled in the MALLT degree program, be in good standing, and have a cumulative graduate GPA of 3.5.
- An applicant’s presentation, performance, or exhibition must be officially recognized by the sponsoring organization. Evidence of this—a letter or notice of acceptance or link to (or PDF of) the program schedule showing the applicants’ participation—is required before funds will be released.

Application
- Students are encouraged to submit applications three months before the event.
- Students may not apply more than six months after the event.
- Each student may apply only once for a specific conference/event.
- Each student is limited to two applications per academic year.

Selection Process
Priority in funding will be given to those who:
- Have not previously received travel support through this program.
- Are participating in international or national conferences.
- Are giving first- or single-authored presentations or solo performances or exhibitions.

Travel Guidelines
- Awardees must comply with the State and campus travel policies and procedures and any other School or College instructions, including the submission of Travel Approval forms for the University and L&S. Students planning to drive personal vehicles or rental cars must be registered and authorized by UWM. See the Drivers and Vehicles Web site:
MALLT Travel Award Application

Name: ___________________ Student ID #: ______________ Concentration: ___________

Address: ________________________________________________________________

Email: ___________________ @uwm.edu

Conference Name: ___________________________________________________________________

Conference Dates (inclusive): ___________ Dates you are attending: ___________

Conference Location (Institution, City, State): ___________________________________________________________________

Title of presentation: ___________________________________________________________________

Name of a Co-Presenter(s) (if applicable): ________________________________

Registration fee: ___________________________________________________________________

Means of Travel (car? train? plane?): ___________________________________________________________________

    Estimated R/T ticket cost: $ ________________________________

    If by car: estimated number of R/T miles: ________________________________

    *Are you an Authorized Driver? ________ [You must have Driver Authorization for reimbursement]

Lodging: Type; Estimated Cost: ________________________________

Other: (please specify): ___________________________________________________________________

Total Estimated Cost: $__________________

Will you receive funding from another source for this activity?     Yes       No

In a paragraph of 4-5 sentences, please describe your scholarly activity, and how it will advance your academic and professional goals. If you are presenting a paper, please provide a short description of its thesis. Please use additional pages, as necessary.

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________
UW-MILWAUKEE
TRAVEL APPROVAL REQUEST

TRAVELER'S NAME ______________________________

LOCATION/DESTINATION ______________________________

PURPOSE OF TRIP/EXPLANATION ______________________________

DATE OF DEPARTURE ___________ DATE OF RETURN ___________

ESTIMATED COST $ ________________

<table>
<thead>
<tr>
<th>Estimated Cost</th>
<th>Fund</th>
<th>Department</th>
<th>Program</th>
<th>Project/Grant</th>
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<tbody>
<tr>
<td>101</td>
<td>484700</td>
<td>2</td>
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List other attendees: _________________________________________

Yes _____ No _____ N/A _____ Is this travel essential & necessary for you to perform your duties?

Yes _____ No _____ N/A _____ Are you a conference presenter or panelist?

Yes _____ No _____ N/A _____ Could the business be accomplished through other means (teleconference, videoconference, etc)?

Yes _____ No _____ N/A _____ Are there alternative sites closer to UWM that would result in lower travel costs?

Yes _____ No _____ N/A _____ In the case of travel to an event, is it necessary for more than one employee from a division to attend?

Yes _____ No _____ N/A _____ Could the information, instead, be shared with colleagues by the person who was authorized to attend?

Yes _____ No _____ Could the trip be postponed or canceled? What is the fiscal consequences of postponing or canceling the trip?

Provide additional information as necessary to clarify responses to questions or to further explain purpose of travel.

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

(Please attach additional page(s) if necessary.)

SIGNATURE OF TRAVELER ______________________________

[ ] Approved [ ] Not Approved

Department Head (Signature) ______________________________

Print Name ______________________________

Date ________________

[ ] Approved [ ] Not Approved

Dean or Division Head (Signature) ______________________________

Print Name ______________________________

Date ________________
Travel Approval/Absence Request

Name:                           Date:

Department/Center:

I request permission to be absent from my normal University duties from ___ to ___

Purpose of absence and destination (you must include the city and state of your destination):

List any classes and other duties that will be missed and describe how they will be covered during absence:

Classes or other responsibilities:

Coverage:

__________________________________________________________

Signature of Traveler

UWM Classification/Status of Traveler

I have reviewed this request and recommend that it be approved.

Department Chair/Director/Supervisor:

__________________________________________________________

Signature                           Date

I have reviewed this request and recommend that it be approved.

Associate Dean/Dean:

__________________________________________________________

Signature                           Date

Traveler must complete the following estimate to include P-card/T-card prepaid expenses and other reimbursable expenses: Estimated total to be paid/reimbursed

Fund: 101   Org: 484700   Program:2  Acct. Project/Grant:   Amount:

Fund:    Org:           Program:    Acct. Project/Grant:    Amount:

Please indicate the payment method of the travel expenses listed below.

Conference Registration
Airline Tickets
Hotel Rooms
Travel Agency Fees
Car Rentals
Other

"Pocket Travel Guides" are available at: http://www.bfs.uwm.edu/ASM/Files/5.2.3.d/2/16.0.0/5-2-03d.doc

Please send completed form to: Janna Masch, NWQ B 5569. Incomplete forms will not be processed. Keep a copy for your records.