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| Applicant Information | | |
| Name: |  | |
| Title/Rank: | Assistant Professor | Associate Professor  Professor |
| Time in Rank: |  | |
| Tenure Status: | Tenure-Track | Tenured |
| College(s): |  | |
| Department(s)/School(s): |  | |
| Phone Number: |  | |
| NDSU E-mail: |  | |

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| Mentor Travel Information |
| Description of the request: (Include names and title of the mentor(s) whom you will be meeting and dates and destination of travel.) |
| Justification for the request: (Explain the nature of the anticipated mentoring relationship, the need for the travel, and how it relates to your advancement and career goals at NDSU.) |
| List of expected expenses: |

|  |  |
| --- | --- |
| Amount Requested | $ |

Please submit your application by January 16, 2015 *by email* to [ndsu.forward@ndsu.edu](mailto:ndsu.forward@ndsu.edu). The subject line should read “Mentor Relationship Travel Grant Application.” Make *sure* to carbon copy your department chair/head, dean, and all mentors.

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| Contacts | Name | E-mail |
| Dean: |  |  |
| Department Chair/Head: |  |  |
| Department Administrative Assistant: |  |  |

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| Checklist of Application Materials |  |
| NDSU Advance FORWARD Mentor Relationship Travel Grant Program application form  Curriculum Vitae (for applicant and each mentor) | |