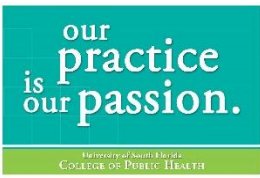


# Faculty International Program Development Award Application

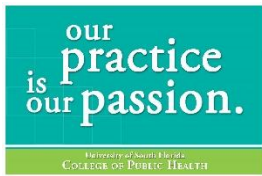
|   |                              |  |     |
|---|------------------------------|--|-----|
| Name:   |                              | Rank:  |     |
| Department:   |                              |  |     |
| Travel dates:   | From:                        |  | To: |
| Destination(s) (attach detailed itinerary and agenda):  |                              |  |     |
| City:   |                              | Country:   |     |
| City:   |                              | Country:   |     |
| City:   |                              | Country:   |     |
| Statement of purpose for award (including proposed program to be developed, goals and objectives of travel, and deliverables/benefits of travel to the College of Public Health): |                              |  |     |
|   |                              |  |     |
| Proposed partner organization(s):   |                              |  |     |
|   |                              |  |     |
| Total funds requested (attach itemized travel budget):  |                              | <b>*Maximum amounts are \$3,500 for individuals or \$5,000 for delegations</b> |     |
| Have you received an International Program Development Award in the past?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO  |     |
| Do you possess a valid passport?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO  |     |
| Will you require a visa to travel to the proposed country (countries)?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO  |     |
| Have you applied for USF <a href="#">CISI Travel Insurance?</a>   | <input type="checkbox"/> YES | <input type="checkbox"/> NO  |     |



# Faculty International Program Development Award Application

## PLANNED TRAVEL ITINERARY AND AGENDA

Describe destinations and planned professional activities related to the proposed travel, including meetings, presentations, and other activities at proposed partner and/or other organization(s).



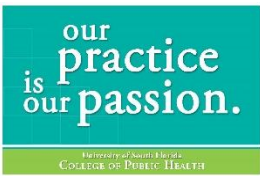
# Faculty International Program Development Award Application

|  |  |          |  |                |  |  |  |
|--|--|----------|--|----------------|--|--|--|
| <b>Ground Transportation (Domestic)</b>  |  |          |  |                |  |  |  |
| <b>Air Transportation (International &amp; Domestic)</b>   |  |          |  |                |  |  |  |
| From:  |  | To:      |  |                |  |  |  |
| From:  |  | To:      |  |                |  |  |  |
| From:  |  | To:      |  |                |  |  |  |
| From:  |  | To:      |  |                |  |  |  |
| <b>Ground Transportation (International)</b>   |  |          |  |                |  |  |  |
| <b>Lodging</b> (See USF Travel Department website for foreign lodging rates <a href="http://usfweb2.usf.edu/uco/travel">usfweb2.usf.edu/uco/travel</a> ) |  |          |  |                |  |  |  |
| City:  |  | Country: |  | No. of nights: |  |  |  |
| City:  |  | Country: |  | No. of nights: |  |  |  |
| City:  |  | Country: |  | No. of nights: |  |  |  |
| City:  |  | Country: |  | No. of nights: |  |  |  |
| <b>Meals</b> (See USF Travel Department website for foreign meal rates <a href="http://usfweb2.usf.edu/uco/travel">usfweb2.usf.edu/uco/travel</a> )      |  |          |  |                |  |  |  |
| City:  |  | Country: |  | No. of days:   |  |  |  |
| City:  |  | Country: |  | No. of days:   |  |  |  |
| City:  |  | Country: |  | No. of days:   |  |  |  |
| City:  |  | Country: |  | No. of days:   |  |  |  |
| <b>Other Expenses</b> (Please be specific)   |  |          |  |                |  |  |  |
| Expense:   |  |          |  |                |  |  |  |
| Expense:   |  |          |  |                |  |  |  |
| Expense:   |  |          |  |                |  |  |  |
| Expense:   |  |          |  |                |  |  |  |



# Faculty International Program Development Award Application

|  |  |
|--|--|
| TOTAL AMOUNT REQUESTED FOR INTERNATIONAL PROGRAM DEVELOPMENT AWARD |  |
|--|--|



# Faculty International Program Development Award Application

**ENDORSEMENT SIGNATURES:** By signing below, the applicant and department chair acknowledge that the applicant is eligible for this award, has sound academic reason for the travel, and has access to other sources of funding (beyond the awarded amount) through faculty or departmental funds, if needed. Upon return from award funded travel, the applicant agrees to submit a brief trip report to the department chair and the COPH Office of International Programs as explained in the Award description.

\_\_\_\_\_  
**Applicant** (print name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Department Chair**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Assoc. Dean, International Progs.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Dean, College of Public Health\***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

DATE RECEIVED: \_\_\_\_\_

\_\_\_\_\_ **APPROVED**      AMOUNT: \$ \_\_\_\_\_

DATE NOTIFIED: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **DENIED**

DATE NOTIFIED: \_\_\_\_\_

REASON(S): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_