



**GRADUATE STUDENT ASSOCIATION**

**@ NJIT**

## **General Travel Award Application Packet**

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*Submit all information in a sealed envelope labeled GSA General Travel Award at the Campus Center front desk or hand it to a GSA Executive board member. (Do not slide it under the GSA office door).*

*Note: At the discretion of the GSA General Assembly and availability of funds, the number of General Travel Awards may vary from previous years.*



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### **Rules and Regulations – GSA General Travel Awards Program Applicants**

1. Hereafter the term conference shall refer to any academic-related conference, seminar, lecture, or workshop.
2. General Travel Awards will be granted to graduate students attending off-campus conferences only.
3. The committee shall post the names of the winners and shall attempt to notify them both by phone and mail. The date of the public posting is the official date the award is granted.
4. Each recipient must then provide the GSA Treasurer with all of his/her trip receipts for reimbursement of expense.
5. Each winner shall receive a maximum of \$150.
6. All funds shall be granted on a reimbursement basis only. The recipient is free to use any mode of transport.
7. The reimbursement is made on the basis of actual expenses and not on the basis of estimated budget.
8. Award funds may only be spent on conference registration and preparation materials for local conferences (within the Newark/NYC metropolitan area). For conferences outside the Newark/New York City metropolitan area, funds may be used for travel and lodging expenses. Additionally, meal expenses can be claimed.
9. All original receipts must be retained for reimbursement.
10. A student may find out his/her status by providing a written request to the Awards Committee Chairperson.
11. If an applicant has already won an award in the Academic year, it should be specified in the application.
12. If an applicant wins both a Student Achievement Award and a General Travel Award, only one award may be used per semester.



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## **APPLICATION PROCESS**

The Application process is divided into two phases. Only those applicants who complete the basic requirements for both phases shall be considered eligible for an award. The basic requirements include:

### Phase I:

1. The Completely filled out application form
2. One (1) completed Faculty Recommendation Form or recommendation letter, sent separately to the GSA Office from NJIT faculty.
3. A complete estimate of the budget.
4. Proof that the applicant attended/ will attend the conference. (Copy of registration invoice or receipt)

### Phase II:

GSA Awards Committee will notify you whether or not your application was approved shortly after the submission deadline. Upon selection, the following documents have to be submitted to complete your application at the soonest. All these documents must be submitted to GSA before your reimbursement can be processed.

1. Travel Authorization / Reimbursement Request Form (attached with this application packet)
2. At least one original receipt for each item listed in the travel authorization form. All such relevant receipts must clearly show proof of payment (which may include e-ticket/ boarding pass, hotel expenses, food expenses, rental vehicle and conference registration fee).  
Preferably circle or highlight the amount spent (this amount should match the figures in your request form).
3. Conference Session schedule showing your presentation or any other proof of attendance.



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### **Criteria for Evaluation of Academic Achievement**

1. The level and scope of the conference (International, National, ACS, IEEE, ASM etc.) which the applicant is attending / attended.
2. The quality, numbers, and types (oral/poster) of the publications and presentations.
3. Recommendation letters

➤ Each category will be rated as follows:

(4 = Excellent, 3= Good, 2 = Fair, 1 = Poor, 0 = Not enough information)

- Each committee member will give an assessment for each student in terms of the three criteria above
- Total score for each student will be added and will be ranked according to the score, from highest to lowest.
- If two or more students get the same score, further evaluation will be carried out.
- All decisions made by the GSA Awards Committee are Final.



### General Travel Award – Application Form

Please Select: Fall \_\_\_\_\_ Summer \_\_\_\_\_ Spring \_\_\_\_\_ Winter \_\_\_\_\_ Year \_\_\_\_\_

Application Date \_\_\_\_\_ Student ID Number \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Preferred E-mail ID \_\_\_\_\_ Your Department \_\_\_\_\_

Advisor's Name \_\_\_\_\_ Advisor's Phone \_\_\_\_\_

Your Primary Research Area \_\_\_\_\_

Your Secondary Research Area \_\_\_\_\_

Have you won GSA Travel Award in this Academic Year \_\_\_\_\_

### CONFERENCE INFORMATION

Name of Conference \_\_\_\_\_

Location \_\_\_\_\_

Date(s) \_\_\_\_\_

Conference Sponsor \_\_\_\_\_

Presentation type (Choose one) Oral Poster Other (Please Describe) \_\_\_\_\_

To be eligible for this award, you need one letter of recommendation(a blank form is included in this packet) from faculty members. This recommendation must arrive in the GSA office in a separate envelope before the deadline specified.

**Note: Applications by E-mail will not be accepted**



**General Travel Award – Faculty Recommendation Form**

Please Select: Fall\_\_\_\_\_ Summer\_\_\_\_\_ Spring\_\_\_\_\_ Winter\_\_\_\_\_ Year \_\_\_\_\_

**Note: It is important to fill out the Grading Section completely as the grades will be counted to determine the eligibility of the applicant. The section with comments regarding the applicant must also be completed. This form will be kept confidential. A formal recommendation letter may be submitted in place of this form.**

Date of Recommendation \_\_\_\_\_

Student Name \_\_\_\_\_ Department \_\_\_\_\_

Faculty Member Name \_\_\_\_\_ Department \_\_\_\_\_

Email ID \_\_\_\_\_ Phone Number \_\_\_\_\_

**GRADING SECTION**

Instructions for Recommendations: For each category enter 0-4 based on your perception of the student in each of the following four areas (4 – Excellent, 3 – Good, 2 – Fair, 1 – Poor, 0 – Not Enough Info)

Quality of Work to be Presented \_\_\_\_\_

Student’s Presentation Ability \_\_\_\_\_

Student’s Research Abilities \_\_\_\_\_

Student’s General Knowledge of the Field \_\_\_\_\_

Overall Quality of the Student’s Conference \_\_\_\_\_

**Please write any comments regarding the student (required)**

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Faculty Member’s Signature \_\_\_\_\_ Date \_\_\_\_\_

**TRAVEL AUTHORIZATION / REIMBURSEMENT REQUEST FORM**

**I. TRAVELER DATA:**

Name \_\_\_\_\_ Department \_\_\_\_\_  
 Home Address \_\_\_\_\_ Telephone Extension \_\_\_\_\_  
 Date \_\_\_\_\_ Location/Destination \_\_\_\_\_  
 Purpose of Travel \_\_\_\_\_

**EXPENSE DATA:**

**II. TRAVEL AUTHORIZATION**

Estimate	Expense Type/Date	IV. REIMBURSEMENT AMOUNTS										Total	
\$	Conference/Fees												
\$	Air/Train												
\$	Rental Vehicle												
\$	Hotel (Lodging only)												
\$	Meals**												
\$	Per Diem Sheet**												

Proposed Accounts: \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 Travel Authorization \_\_\_\_\_  
 Traveler Date \_\_\_\_\_  
 Supervisor Date \_\_\_\_\_

Grand Total: \_\_\_\_\_

\* Attach receipts for all meals, unless \$60 per diem rate is requested  
 \*\* Attach detail sheet for mileage. Include receipts if total for taxi, parking and tolls exceed \$25

Prior Payments \_\_\_\_\_  
 Account Distributions \_\_\_\_\_  
 Account: \_\_\_\_\_ \$ \_\_\_\_\_  
 Account: \_\_\_\_\_ \$ \_\_\_\_\_  
 Account: \_\_\_\_\_ \$ \_\_\_\_\_  
 Account: \_\_\_\_\_ \$ \_\_\_\_\_

**Reimbursement Authorization**  
 I certify that the expenses listed above were actually incurred and were necessary to fulfill the mission of the university.

Traveler \_\_\_\_\_ Date \_\_\_\_\_  
 Supervisor \_\_\_\_\_ Date \_\_\_\_\_  
 Chair (All Travel) \_\_\_\_\_ Date \_\_\_\_\_  
 President (Statewide) \_\_\_\_\_ Date \_\_\_\_\_  
 Dean (NJ State) \_\_\_\_\_ Date \_\_\_\_\_  
 Budget Controller (NJ State) \_\_\_\_\_ Date \_\_\_\_\_  
 Mail to Above \_\_\_\_\_  
 [ ] Hold for Pickup

**Disposition of Check:**