



GSA Travel Award Application Packet

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Submit all documents in a sealed envelope labeled GSA Travel Award to a GSA Executive Board Member in GSA Room 455 in Campus Center at the specified date and time. The date and time will be mentioned in the email sent to the GSA Mailing List.

Disclaimer: Pre-approval doesn't guarantee support. The final decision will be made after the student submits the travel reimbursement form with the receipts for each item listed in the travel authorization form as a proof of payment.

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



Rules and Regulations

1. Hereafter the term conference shall refer to any academic-related conference, seminar, lecture, or workshop.
2. Special Achievement Awards will be granted to graduate students making an oral presentation at off-campus conferences only.
3. General Achievement Awards will be granted to graduate students making a poster and/or oral presentation at off-campus conferences only.
4. 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.
5. Each Special Achievement Award winner shall receive a maximum of \$800.
6. Each General Achievement Award winner shall receive a maximum of \$500.
7. All funds shall be granted on a reimbursement basis only. The reimbursement is made on the basis of actual expenses and not on the basis of estimated budget.
8. All original receipts must be retained for reimbursement.
9. The applicant must submit proof of attending the conference which includes a copy of registration invoice, Conference Session schedule and Conference badge.
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 (Sep - Aug), it should be specified in the application form (page 5).
12. An applicant may be awarded only one award per term and at the most two awards (including Special Achievement Award and General Achievement Award) per academic year (Sep - Aug).
13. All decisions made by the GSA Awards Committee will be Final.



Application Process

Submit all the below mentioned information in a sealed envelope labeled GSA Travel Award to a GSA Executive board member in GSA Room 455 in the Campus Center at the specified date and time. The date and time will be mentioned in the email sent to GSA Mailing List.

1. For pre-approval of a travel award the applicant must submit the conference details, abstract, acceptance letter, recommendation letter from advisor along with complete Travel Authorization/Reimbursement Request Form signed by Chair of the department and advisor.
2. The completely filled out application form (attached page 5)
3. The completely filled out Faculty Recommendation Form (attached page 6)
4. A completely filled out Travel Authorization/Reimbursement Request Form (attached page 7)
5. A copy of conference details along with applicant's abstract needs to be submitted.
6. If an award for the same travel was received from another department, then submit a copy of that specifying the amount received along with the total expenses incurred during the travel that count towards the presentation.
7. Proof that the applicant attended the conference which includes copy of the registration invoice, Conference Session schedule and Conference badge showing your presentation or any other proof of attendance.
8. All original receipts for each item listed in the Travel Authorization Form must clearly show proof of payment (which may include e-ticket/ boarding pass, hotel expenses, food expenses, rental vehicle and conference registration fee). Please circle or highlight the amount spent (this amount should match the figures in your request form). Original receipts must be taped down to plain piece of paper.

Please make sure that you keep a hard copy of all the documents you submit to GSA, including a copy of all receipts and also submit a scanned copy of the whole packet in a single folder to GSA Treasurer only. Graduate Student Association will not take any responsibility if any of the documents are lost during the process.



Criteria for Evaluation of Academic Achievement

Criteria

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

Evaluation

1. Each category will be rated as follows: (4 = Excellent, 3= Good, 2 = Fair, 1 = Poor, 0 = Not enough information)
2. Each committee member will give an assessment for each student in terms of the three criteria above
3. Total score for each student will be added and will be ranked according to the score, from highest to lowest
4. If two or more students get the same score, further evaluation will be carried out
5. All decisions made by the GSA Awards Committee are Final



GSA Travel Award Application Form

Please Select: Summer Fall Spring Year _____

Application Date _____ Student ID _____

First Name _____ Last 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 any GSA Travel Award in this Academic Year (Sep - Aug)? _____

If yes, which one? Special Achievement Award General Achievement Award

Have you been funded for this particular travel through any other department? _____

If yes, Department name _____ Amount Received _____

Conference Information

Name of Conference _____

Location _____

Date(s) (Month Date(s), Year) _____

Conference Website _____

Presentation type (Choose one) Oral Poster Other (Please describe) _____



GSA Travel Award Faculty Recommendation Form

Note: Please complete the form entirely and hand it to the student for submission in a sealed envelope. This form will be kept confidential.

Student Name _____ Department _____

Faculty Member Name _____ Department _____

Faculty 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)

Are you a research advisor of the student? (Yes / No) _____

Is this conference paper/poster peer reviewed? (Yes / No) _____

Have you read this paper/poster? (Yes / No) _____

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 _____

Is the Applicant Giving an Oral Presentation _____

Please write any comments regarding the student (required)

Faculty Member's _____

Signature

_____ Date

TRAVEL AUTHORIZATION / REIMBURSEMENT REQUEST FORM

I. TRAVELER DATA:

Name _____
 Home Address _____

Department _____
 Telephone Extension _____

II. TRIP DATA:

Dates _____ Location/Destination _____
 Purpose of Travel _____

EXPENSE DATA:

III. Travel Authorization

IV. REIMBURSEMENT AMOUNTS

Estimate	Expense Type/Date														Total
\$	Conference/Fees														\$
\$	Air/Train													\$	
\$	Rental Vehicle													\$	
\$	Hotel (Lodging only)													\$	
\$	Meals*													\$	
\$	Detail Sheet**													\$	

\$	Grand Totals	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
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Proposed Accounts:
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 Travel Authorization
 Traveler _____ Date _____
 Supervisor _____ Date _____

* Attach receipts if daily total exceeds \$60
 ** Attach detail sheet for mileage. Include receipts if total for taxis, 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 _____ Chair (All Travel) _____ Date _____ Dean (\$1,501-\$3,500) _____ Date _____
 Provost/VP (\$3,501-\$10,000) _____ Date _____ President (\$10,001+) _____ Date _____ Budget Controller (All Travel) _____ Date _____

Disposition of Check: _____ Mail to Above Hold for Pickup