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.

Note: At the discretion of the GSA 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 $600.

6. Each General Achievement Award winner shall receive a maximum of $200.

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. A student may find out his/her status by providing a written request to the Awards Committee Chairperson.

10. If an applicant has already won an award in the Academic year (Sep - Aug), it should be specified in the application form (page 5).

11. 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).

12. 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 Campus Center at the specified date and time. The date and time will be mentioned in the email sent to GSA Mailing List.

1. The completely filled out application form (attached page 5)
2. The completely filled out Faculty Recommendation Form (attached page 6)
3. A completely filled out Travel Authorization/Reimbursement Request Form (attached page 7)
4. If an award for the same travel was received from some other 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.
5. Proof that the applicant attended the conference which includes copy of registration invoice and Conference Session schedule showing your presentation or any other proof of attendance
6. All original receipts 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).

Please make sure that you keep a copy of all the documents you submit to GSA, particularly a copy of the receipts. GSA will not take any responsibility if any of them 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) _____________________________________________________________

Conference Website __________________________________________________

Presentation type (Choose one) Oral ___ Poster ___ Other (Please describe) ________
GSA Travel Award Faculty Recommendation Form

Note: Please fill up 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 ____________
I. TRAVELER DATA:

Name ________________________________ Department ________________________________

Home Address ________________________ Telephone Extension ______________________

II. TRIP DATA:

Dates __________________________ Location/Destination ___________________________

Purpose of Travel ____________________

III. EXPENSE DATA:

<table>
<thead>
<tr>
<th>Estimate</th>
<th>Expense Type/Date</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>Conference/Fees</td>
<td></td>
</tr>
<tr>
<td>$</td>
<td>Air/Train</td>
<td></td>
</tr>
<tr>
<td>$</td>
<td>Rental Vehicle</td>
<td></td>
</tr>
<tr>
<td>$</td>
<td>Hotel (Lodging only)</td>
<td></td>
</tr>
<tr>
<td>$</td>
<td>Meals*</td>
<td></td>
</tr>
<tr>
<td>$</td>
<td>Detail Sheet**</td>
<td></td>
</tr>
</tbody>
</table>

Grand Totals __________________________

IV. REIMBURSEMENT AMOUNTS

Proposed Accounts: $ __________________________

Prior Payments

Account Distributions

Account: $ __________________________

Account: $ __________________________

Account: $ __________________________

Travel 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

* Attach receipts if daily total exceeds $60
** Attach detail sheet for mileage. Include receipts if total for taxis, parking and tolls exceed $25