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** _____

TRAVEL AUTHORIZATION / REIMBURSEMENT REQUEST FORM

I. TRAVELER DATA:

Name _____ Department _____

Home Address _____ Telephone Extension _____

_____

II. TRIP DATA:

Dates _____ Location/Destination _____

Purpose of Travel _____

_____

_____

EXPENSE DATA:

III. Travel Authorization

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

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