



GRADUATE STUDENT ORGANIZATION

Application for Financial Support

Name Student X. Example Department English Program Rhetoric
Local Address PO Box 87832 Telephone(s) (337) 482-1111
Lafayette, LA 70504 Email ex@louisiana.edu Date 8-19-04

Purpose of Request:

- Travel
- Research Equipment/Supplies
- Other (Please specify) _____

Check **Travel** if you are applying for travel funds;
Check **Research** if you are applying for research funds

FUND	APP'N	AGENCY CODE
SEC.	ACT	EXP. CODE
TOTAL	FUNDS AVAILABLE	

Amount Requested: \$ 400.00

Please attach additional page(s) to explain your purpose of request (be specific about the purpose and intended use of GSO funds).

Applicant:

I certify that this is my first second application for financial support from GSO for the Fall 2004 semester.
I acknowledge that I will submit an accounting of the above requested funds to the UL Lafayette Business Office within fifteen (15) working days following completion of the funded activity. If I fail to use the funds granted to me by the GSO I will inform the UL Lafayette Business Office and the President of the Graduate Student Organizations.

student x. example 8-19-04
SIGNATURE OF STUDENT DATE

Approval by Department Head or Graduate Coordinator:

I certify that the above-named student is a student in good standing with the department. Further,
 the applicant **DOES NOT** have access to department funds, grants or other school monies to help defray the cost of the activity described above.
 the applicant **DOES** have access to funding described below for the activity.
The applicant has received \$ _____ From _____
AMOUNT AGENCY

If you have access to other funds, your department head should indicate so here

Department X. Head 8-19-04
SIGNATURE DATE

GSO Council Action:

- FUNDS REQUESTED IS APPROVED.
 - FUNDS REQUESTED IS DENIED.
- Reasons for denial: _____

Administration Action:

- APPROVED DENIED

DEAN OF GRADUATE SCHOOL DATE

- APPROVED DENIED

SGA PRESIDENT DATE

Amount approved by GSO \$ _____

GSO PRESIDENT DATE

- APPROVED DENIED

GSO ADVISOR DATE

VICE-PRESIDENT FOR STUDENT AFFAIRS DATE