

COLUMBIA UNIVERSITY

IN THE CITY OF NEW YORK

DEPARTMENT OF ENGLISH AND COMPARATIVE LITERATURE

NAME: _____ UNI: _____ EMAIL: _____@columbia.edu

ADDRESS: _____ PHONE: _____ - _____

FIRST TERM OF REGISTRATION IN GSAS: FALL _____

Have you been awarded the M.A.? Yes (semester: _____) No

Have you been awarded the M.Phil? Yes, (semester: _____) No

You are required to apply for Matching Travel Funds from GSAS. If you are eligible for them but do not apply, we will deduct the \$300 maximum GSAS award from your departmental grant.

If you are NOT eligible for GSAS funds, please explain:

Name, Location, and Dates of Conference: (please attach a copy of the letter confirming your presentation)

Title of your paper:

Brief explanation of how your paper fits into your research interests and progress in the ENCL program:

Estimated Travel expenses: \$ _____

Note: The fund only covers transportation, registration, and lodging costs for which you provide receipts; we do not cover food and drink expenses.

Please submit this form to 602 Philosophy Hall

[below: for office use only]

The department will match: \$ _____

***GSAS hopes to match 50% of total travel expenses up to a maximum of \$250.*

Signature of Dept. Chair: _____

Alan Stewart