

COLLEGE OF VETERINARY MEDICINE
APPLICATION FOR HATCH OR ANIMAL HEALTH TRAVEL/PUBLICATION FUNDS

Name: _____ Rank/Position: _____

Department/Program: _____

Title of Active Hatch or Animal Health Project: _____

Duration of Project: from _____ to _____

Please Provide Information (where applicable):

Have you ever been funded through this program? _____ YES; _____ NO

If yes, please indicate which years and categories:

Total amount requested: \$ _____

COMPLETE EITHER (A) or (B)

(A). Name of Scientific Meeting: _____

Venue: _____; Dates: _____

Title of Scientific Presentation: _____

Indicate whether *oral*: _____ or *poster*: _____ presentation.

(B). Name of Scientific Journal: _____

Title of Article/Manuscript: _____

Date of acceptance of manuscript for publication: _____

Signature of Applicant _____ Date _____

Head of Department of Applicant _____ Signature _____ Date _____

FOR OFFICE USE ONLY: Approved _____; Funded at \$ _____; Denied _____

Name _____ Signature _____ Date _____