



STEM Success Center Student Travel Application



Complete this application in its entirety to request reimbursement for travel to conferences/activities as a student. Please refer to the [STEM Success Center website](#) for updated information and eligibility guidelines. Once done, send your completed application to stemsuccesscenter@wla.edu. Upon return from your trip, you must fill out an expense form and conference review and testimonial to be reimbursed.

Name of student: _____ Student ID # _____ Major: _____

Home College is West LA? Yes No

Name of Conference: _____ Sponsoring Agency: _____

Conference/Activity Location (City and State): _____

Conference/Activity Schedule Opening Date: _____ Closing Date: _____
Departure date and time _____ Return date and time: _____

Will you miss any classes due to this conference/activity? Yes No

Name of Conference/Activity Supervising Instructor: _____

Estimated amount of expenses (see [STEM Success Center website](#) for daily maximums):

Transportation: _____ Hotel: _____ Meals: _____ Registration Fees: _____

Supplemental documents. Please attach in your email in addition to this form.

Document	Attached in email?
Unofficial transcript	<input type="checkbox"/> Yes <input type="checkbox"/> No
Class schedule for semester you will be traveling (if available)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Statement of Purpose No more than 250 words explaining the purpose of this conference, the benefits it will provide you, and how it will advance your goal to transfer into a STEM major at a 4-year institution.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Excursion/Field Trip Waiver Form <ul style="list-style-type: none"> •All students should complete sections A, B, C. •If using your own transportation including transportation that you are not piloting (e.g., airplane), also complete section D •If you are a minor, also complete section E 	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature of applicant: _____ Date: _____

Signature of supervising instructor: _____ Date: _____