

**Center for Atmospheric Sciences, Meteorology, Societal Impacts, and  
Environment (CAMSIE)**

**Fellow Travel Request Form**

**Date:** \_\_\_\_\_

**Fellow Name:** \_\_\_\_\_      **Advisor Name:** \_\_\_\_\_

**Conference/Event/Seminar:** \_\_\_\_\_

**Dates of Conference/Event/Seminar:** \_\_\_\_\_

**Area of Research:** \_\_\_\_\_

|   |              |              |                   |
|---|--------------|--------------|-------------------|
| <b>Advisor<br/>Recommendation/Approval:</b> | <b>Date:</b> | <b>Name:</b> | <b>Signature:</b> |
| <b>Director Approval:</b>                   | <b>Date:</b> | <b>Name:</b> | <b>Signature:</b> |