

(Office use only)

Received:

Filed:

Amount:

Student Senate Travel and Material Awards
ACADEMIC/RESEARCH ADVISOR FORM

Name _____ Student ID: _____
Last First MI

Email: _____ Phone: _____

School: _____ Degree/Major: _____

Event(s) Attended/Materials Acquired: _____

Student Signature: _____ Date: _____

I, _____, hereby attest that _____ attended the above
insert your name students name

event/acquired the materials listed during the TMA qualifying period, _____.
term and year

Advisor Signature: _____

Date: _____