

**Instructions**: Complete this form, save as PDF, and submit electronically to cjsacademics@umich.edu. Be sure to attach all required supporting materials. Deadline: Last business day of even-numbered months.

Name (Last, First Middle)						
UM ID	Department/Program					
Email Address			Daytime Phone			
Current Address						
Application for	Conference (p	rence (presentation/active program participation)				
	Conference (executive capacity/professional development)					
	Workshop					
	Short-term dissertation/thesis related research travel					
Conference/Workshop Name						
Destination						
Departure Date			Return	Date		
Request Amount to CJS						
Other anticipated source(s) of fund	ing for this trip:	:				
Rackham	Yes	No	Amount R	Amount Requested:		
Home Department	Yes	No	Amount R	Amount Requested:		
Other	Yes	No	Amount Requested:			
Name of Other Source						
Are you receiving need-based finar	ncial aid this te	rm?	Yes	No		

Agreement: I understand that I must complete all required paperwork in a timely manner, and that failure to do so may result in the cancellation of this award. I understand that I must document my expenses in accordance with university regulations, and provide itemized receipts if required. If my expenses are less than the grant amount, I agree to return any unused portion of this grant to the Center for Japanese Studies in accordance with university procedures.

Check here to indicate your agreement with the terms and conditions of this program as outlined above:

Signature	Da	ate	
For CJS Use Only	OFA Notification	Yes	No