



**OHIO**  
UNIVERSITY

GRADUATE COLLEGE



# Graduate College - Graduate Student Senate Travel Award Program Signature Sheet

By signing this document, I agree to all the terms and conditions of the Travel Grant Program.

\_\_\_\_\_  
Principal Investigator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal Investigator - Printed Name

As the faculty advisor, I hereby certify that the student is undertaking the above-mentioned travel. By signing below, I confirm my understanding that the student, if funded, is required to submit a Final Report. Failure to submit the Final Report will jeopardize future Graduate College/GSS Grant funding opportunities available to graduate students in my department.

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor - Printed Name

As the Graduate Chair, I hereby certify that the above student is enrolled in the graduate program of this department and that I am fiscally responsible for this student.

\_\_\_\_\_  
Graduate Chair Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Graduate Chair - Printed Name