

GRC GRADUATE STUDENT CONFERENCE FORM

(NON-TRAVEL)



Graduate Resource Center  
Title III Program Administration

DATE OF REQUEST: \_\_\_\_\_

TYPE OF CONFERENCE:

Training

Seminar

Webinar

Other: \_\_\_\_\_

NAME: \_\_\_\_\_

STUDENT ID#: \_\_\_\_\_

PROGRAM/COLLEGE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

Reason For

Attending:

Presenting

Research

Other

\_\_\_\_\_

CONFERENCE NAME: \_\_\_\_\_

PURPOSE OF CONFERENCE: \_\_\_\_\_

REGISTRATION FEE: \_\_\_\_\_

DATE(S) OF CONFERENCE:

      Please attach and provide an abstract of your research/presentation being presented at the conference.

**Supporting Documentation & Application Checklist**

Proof of Semester Enrollment (Bulldog Connection)

Conference Registration Fee Quote \*Do NOT Purchase in Advance\*

Conference Agenda

GRC MOU Agreement

GRC Graduate Student Conference Form

BSU Institutional Review Board Documents (Applicable Applicants Only)

Proof of Invitation to Present at Conference

**BOWIE STATE UNIVERSITY GRADUATE RESOURCE CENTER**  
**FINISH THE RACE TRAVEL PROGRAM MOU: AY 2024 – 2025**

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This Memorandum of Understanding (MOU) outlines the agreement between \_\_\_\_\_, a student at Bowie State University, Department of \_\_\_\_\_, and The Graduate Resource Center (GRC) Office. It confirms that \_\_\_\_\_ is eligible for GRC funding for the \_\_\_\_\_ as a participant in the BSU Graduate Resource Center Program. The recipient has fulfilled their requirements for program entry and is actively engaged in the program’s curriculum and research.

Under this agreement, \_\_\_\_\_, will receive up to a maximum of \$1,500.00 for the approved academic conference expenses. This is a one-time offer for conference expenses and does not extend to any other fees incurred by the **recipient for separate travel requests.**

**Eligibility Criteria for Funding:**

1. Maintain a minimum GPA of 3.25 each semester.
2. Regularly consult with their academic advisor every semester and submit their academic plan for review and approval by both the Department of \_\_\_\_\_.
3. Demonstrate a commitment to completing the \_\_\_\_\_ within the designated timeframe, ideally within \_\_\_ years.

I acknowledge the completed MOU form along with all required documentation must be submitted to the Graduate Coordinator, \_\_\_\_\_ for consideration

**STUDENT SIGNATURE & DATE:**

**PROGRAM CHAIR SIGNATURE & DATE:**

**GRADUATE SCHOOL SIGNATURE & DATE:**

# GRC GRADUATE STUDENT CONFERENCE FORM

## NON-TRAVEL

This fund is a financial support program for Bowie State University graduate students to facilitate research through presentations at approved educational conferences. Eligible students can receive financial assistance covering conference registration fees and travel expenses up to \$1,500.00.

### Eligibility Criteria:

1. Only students attending and **presenting** research at BSU-approved conferences related to their graduate programs are eligible.
2. Applicants must provide proof of proposal acceptance.
3. Graduate students are eligible to apply for funding.
4. For research involving human or animal subjects, prior approval or exemption from BSU's Institutional Review Board (IRB) is required before initiating the project and applying for reimbursement. Refer to the Office of Research and Sponsored Program's page on the BSU website for detailed guidelines.
5. Incomplete applications will be disqualified.

### Procedures for Funding:

1. Submit the fully completed packet. This funding is exclusively for BSU Graduate Students presenting at approved academic conferences.
2. Ensure all required signatures are present on the submitted documents.
3. Complete and submit the GRC Packet to the Graduate Resource Center at [GRC@bowiestate.edu](mailto:GRC@bowiestate.edu) no later than 21 days before the conference date. **This deadline is strict and non-negotiable.**
4. Notification of approval or rejection of the conference request will be sent to the student via their official BSU email address.
5. For further details on funding procedures, contact the Graduate Resource Center at [GRC@bowiestate.edu](mailto:GRC@bowiestate.edu).

I acknowledge my understanding and agreement to adhere to these guidelines by signing.

STUDENT SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

PROGRAM CHAIR SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

# BOWIE STATE UNIVERSITY

## STATEMENT OF CONFIDENTIALITY

Bowie State University regards security and confidentiality of data and information to be of utmost importance. As an employee of the Bowie State University, I understand that I may, during the course of my employment, obtain access to records and/or information and data which are confidential in nature. The records, information, and data may be of and include Bowie State University faculty, staff, and students. I will maintain any information accessed through my assignments in the utmost of confidence. The disclosure of any such information will be made when deemed to be of a business necessity or at the direction of my immediate supervisor. My signature on this statement affirms my agreement to abide by all policies, rules, and regulations of the University.

I, \_\_\_\_\_, agree to abide by the policies and procedures of Bowie State University as set forth in the University's Policy and Procedures Manual and as I may be directed by my supervisor. I agree to maintain all information made known to me during the course of my assignment and any related assignments, in the strictest confidence and will relay such information on a need to know basis or to my manager and/or department head. I will not use the privileges afforded me by my employment at the University to the benefit of myself or others. I understand that a breach of confidence will result in disciplinary action up to and including termination. I am expected to maintain a personal copy of this signed document and understand that a copy will be placed in my Personnel File.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed: \_\_\_\_\_ Date: \_\_\_\_\_

# BOWIE STATE UNIVERSITY

## EMPLOYMENT DATA SHEET

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

STREET ADDRESS \_\_\_\_\_

CITY STATE COUNTY ZIP

HOME TELEPHONE ( ) SOCIAL SECURITY NUMBER

DATE OF BIRTH SEX MARITAL STATUS  
D - Divorced T - Other  
M - Married W - Widowed  
S - Single X - Separated

ETHNIC CODE \*\*\* See codes below NUMBER OF DEPENDENTS

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- 1 - White: Includes persons having origins in any of the people of Europe, North America or the Middle East
- 2 - Black: Includes persons having origins in any of the Black racial groups of Africa
- 3 - Asian or Pacific Islander: Includes persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Sub-Continent or the Pacific Islands. This areas includes, for example, China, Korea, the Philippine Islands and Samoa.
- 4 - American Indian or Alaskan Native: Includes persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation.
- 5 - Hispanic: Includes persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture of origin.

ARE YOU A U.S. CITIZEN? YES \_\_\_ NO \_\_\_

IF NO, PLEASE GIVE COUNTRY OF CITIZENSHIP \_\_\_\_\_

DO YOU HAVE PRIOR UNIVERISTY SYSTEM OF MARYLAND OR STATE AGENCY SERVICE? \_\_\_\_\_  
Yes/No

Agency Name Phone Number Dates of Service

ARE YOU RETIRED FROM THE MARYLAND STATE RETIREMENT SYSTEM YES \_\_\_ NO \_\_\_

EDUCATION LEVEL DEGREE Month/Year DEGREE FIELD

DEGREE INSTITUTION COUNTRY

### EMERGENCY CONTACT PERSON:

NAME RELATIONSHIP

HOME ADDRESS

CITY STATE ZIP

HOME TELEPHONE # BUSINESS TELEPHONE #