

Application for Travel Funds for 2017-2018 Clinical Placements

This form is used to calculate mileage for student teaching assignments and clinical placements.

Please accurately and completely answer the following questions about your placement.
This form should be filed no later than the beginning of the semester in which you are doing your placement.
There are additional application requirements. See your advisor for details.
For additional aid application requirements, see <http://finaid.umich.edu/currentstudent>

Please select a placement term: Fall Winter Spring Summer

Name _____ UMID Number _____

- 1) What is the address/city of your placement? _____
- 2) How many days per week will you be in your placement? _____
- 3) How many weeks will you be in your placement? _____

STUDENT SIGNATURE _____ DATE _____

MANAGING DIRECTOR OF SECONDARY OR ELEMENTARY TEACHER EDUCATION/PROGRAM CHAIR SIGNATURE:

DATE _____

Note: This Department signature is required before submitting form.

OFFICE USE ONLY

Calculated mileage and budget adjustment: _____
\$ _____