OFFICE OF FINANCIAL AID **UNIVERSITY OF MICHIGAN**

2500 Student Activities Bldg. ■ 515 E. Jefferson St. ■ Ann Arbor, MI 48109-1316 ■ TEL: 734-763-6600 ■ FAX: 734-647-3081 ■ EMAIL: financial.aid@umich.edu ■ WEB: finaid.umich.edu

Application for Travel Funds for 2018-2019 Program-Related Placements

This form is used to calculate mileage for student teaching assignments and other program-related 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 finaid.umich.edu/currentstudent

Please select a placement term: ☐ Fall ☐ Winter ☐ Spring ☐ Summer

▶ CONTACT INFORMATION

Name_____ UMID Number _____

Home (Permanent) Address _____

Local (Current) Address_____

▶ PLACEMENT INFORMATION

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?_____

4) Which address represents the shortest distance to-and-from your teaching placement? ☐ Home (Permanent) ☐ Local (Current)

5) What is the address from which you are commuting to your teaching placement? ☐ Home (Permanent) ☐ Local (Current)

STUDENT SIGNATURE _____ DATE_____

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

_____ DATE_____

Note: This Department signature is required before submitting form.

OFFICE USE ONLY

Calculated mileage and budget adjustment:

$_____

_____

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