



GRADUATE STUDENT ASSOCIATION
ADMINISTRATION BUILDING, ROOM 301
PHONE: 410-704-3967

Student Group: _____
Contact Name: _____
Contact E-Mail Address: _____
Contact Phone Number: _____

Describe the purpose for the funding request. Explain how the funds will contribute to the professional development and education of the students in the group a manner consistent with the purpose of graduate education at Towson University.

Provide an estimated itemized budget for the funds.

Item	Expected Cost
	\$

*Please attach a separate list of current members, including TU emails

*Attach any additional documentation to this form. If more lines are needed, please add.

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summary of how those funds were allocated. If you have not, please attach it with this application

Graduate Student Group Signature

Office of Position within the Student Group

Student Group Advisor Approval: _____
Typed Name

Signature

\$ _____
Graduate Student Association Approved Amount

Graduate Student Association Signature

Graduate Studies Dean Signature

Second Authorized Signature