

9 Other: (Please specify)

Projected Total Cost of Travel US \$ _____

Projected Costs to APSU (Cite assured amounts and funding sources only.)

Travel (If applicable) US \$ _____ Source: _____

Salary (If applicable) US \$ _____ Source: _____

Others: (Please specify below)

_____ US \$ _____ Source: _____

Projected Revenue for APSU

Projected number of students in **program**: _____

Projected number of semester hours students will register at APSU: _____

Total Projected Revenue for APSU US \$ _____
(Use previous year's tuition **and fee** rate)

I have read and will abide by APSU travel policy:

Signature of Applicant

Date Submitted

Approved By:

Chair/Director

Department/Area **Date**

College Dean

Date

Vice President for Academic Affairs

Date

***President**

Date

***President's approval contingent upon TBR approval for out-of-country travel.**
