

# NOAA Cooperative Science Center in Atmospheric Sciences and Meteorology (NCAS-M)

## NCAS-M Fellow Travel Request Form

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

Fellow Name: \_\_\_\_\_ Advisor Name: \_\_\_\_\_

Conference/Event/Seminar: \_\_\_\_\_

Dates of Conference/Event/Seminar: \_\_\_\_\_

Area of Research: \_\_\_\_\_

<b>Advisor Recommendation/Approval:</b>	<b>Date:</b>	<b>Name:</b>	<b>Signature:</b>
<b>Director Approval:</b>	<b>Date:</b>	<b>Name:</b>	<b>Signature:</b>