

GRC GRADUATE STUDENT CONFERENCE FORM

(NON-TRAVEL)



Graduate Research Center
Title III Program Administration

DATE OF REQUEST: _____

TYPE OF CONFERENCE:

Training

Seminar

Webinar

Other: _____

NAME: _____

STUDENT ID#: _____

PROGRAM/COLLEGE: _____

DEPARTMENT: _____

Reason For

Attending:

Presenting

Research

Other _____

CONFERENCE NAME: _____

PURPOSE OF CONFERENCE: _____

REGISTRATION FEE: _____

DATE(S) OF CONFERENCE: _____

Please attach and provide an abstract of your research/presentation being presented at the conference.

Supporting Documentation & Application Checklist

Proof of Semester Enrollment (Bulldog Connection)

Conference Registration Fee Quote *Do NOT Purchase in Advance*

Conference Agenda

GRC MOU Agreement

GRC Graduate Student Conference Form

BSU Institutional Review Board Documents (Applicable Applicants Only)

Proof of Invitation to Present at Conference

BOWIE STATE UNIVERSITY GRADUATE RESEARCH CENTER

FINISH THE RACE TRAVEL PROGRAM MOU: AY 2025 – 2026

This Memorandum of Understanding (MOU) outlines the agreement between _____, a student at Bowie State University, Department of _____, and The Graduate Research Center (GRC) Office. It confirms that _____ is eligible for GRC funding for the _____ as a participant in the BSU Graduate Research Center Program. The recipient has fulfilled their requirements for program entry and is actively engaged in the program's curriculum and research.

Under this agreement, _____, will receive up to a maximum of \$1,500.00 for the approved academic conference expenses. This is a one-time offer for conference expenses and does not extend to any other fees incurred by the **recipient for separate travel requests.**

Eligibility Criteria for Funding:

1. Maintain a minimum GPA of 3.25 each semester.
2. Regularly consult with their academic advisor every semester and submit their academic plan for review and approval by both the Department of _____.
3. Demonstrate a commitment to completing the _____ within the designated timeframe, ideally within ____ years.

I acknowledge the completed MOU form along with all required documentation must be submitted to the Graduate Coordinator, _____ for consideration

STUDENT SIGNATURE & DATE:

PROGRAM CHAIR SIGNATURE & DATE:

GRADUATE SCHOOL SIGNATURE & DATE:

GRC GRADUATE STUDENT CONFERENCE FORM

NON-TRAVEL

This fund is a financial support program for Bowie State University graduate students to facilitate research through presentations at approved educational conferences. Eligible students can receive financial assistance covering conference registration fees and travel expenses up to \$1,500.00.

Eligibility Criteria:

1. Only students attending and **presenting** research at BSU-approved conferences related to their graduate programs are eligible.
2. Applicants must provide proof of proposal acceptance.
3. Graduate students are eligible to apply for funding.
4. For research involving human or animal subjects, prior approval or exemption from BSU's Institutional Review Board (IRB) is required before initiating the project and applying for reimbursement. Refer to the Office of Research and Sponsored Program's page on the BSU website for detailed guidelines.
5. Incomplete applications will be disqualified.

Procedures for Funding:

1. Submit the fully completed packet. This funding is exclusively for BSU Graduate Students presenting at approved academic conferences.
2. **Ensure all required signatures are present on the submitted documents.**
3. Complete and submit the GRC Packet to the Graduate Research Center at GRC@bowiestate.edu **no later than 21 days before the conference date. This deadline is strict and non-negotiable.**
4. Notification of approval or rejection of the conference request will be sent to the student via their official BSU email address.
5. For further details on funding procedures, contact the Graduate Research Center at GRC@bowiestate.edu.

I acknowledge my understanding and agreement to adhere to these guidelines by signing.

STUDENT SIGNATURE: _____ Date: _____

PROGRAM CHAIR SIGNATURE: _____ Date: _____

BOWIE STATE UNIVERSITY

STATEMENT OF CONFIDENTIALITY

Bowie State University regards security and confidentiality of data and information to be of utmost importance. As an employee of the Bowie State University, I understand that I may, during the course of my employment, obtain access to records and/or information and data which are confidential in nature. The records, information, and data may be of and include Bowie State University faculty, staff, and students. I will maintain any information accessed through my assignments in the utmost of confidence. The disclosure of any such information will be made when deemed to be of a business necessity or at the direction of my immediate supervisor. My signature on this statement affirms my agreement to abide by all policies, rules, and regulations of the University.

I, _____, agree to abide by the policies and procedures of Bowie State University as set forth in the University's Policy and Procedures Manual and as I may be directed by my supervisor. I agree to maintain all information made known to me during the course of my assignment and any related assignments, in the strictest confidence and will relay such information on a need to know basis or to my manager and/or department head. I will not use the privileges afforded me by my employment at the University to the benefit of myself or others. I understand that a breach of confidence will result in disciplinary action up to and including termination. I am expected to maintain a personal copy of this signed document and understand that a copy will be placed in my Personnel File.

Signed: _____ Date: _____

Witnessed: _____ Date: _____

BOWIE STATE UNIVERSITY

EMPLOYMENT DATA SHEET

NAME _____
LAST FIRST MIDDLE

STREET ADDRESS _____

CITY STATE COUNTY ZIP

HOME TELEPHONE () SOCIAL SECURITY NUMBER

DATE OF BIRTH SEX MARITAL STATUS
D – Divorced T – Other
M – Married W – Widowed
S – Single X – Separated

ETHNIC CODE *** See codes below NUMBER OF DEPENDENTS

1 – White: Includes persons having origins in any of the people of Europe, North America or the Middle East

2 – Black: Includes persons having origins in any of the Black racial groups of Africa

3 – Asian or Pacific Islander: Includes persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Sub-Continent or the Pacific Islands.
This areas includes, for example, China, Korea, the Philippine Islands and Samoa.

4 – American Indian or Alaskan Native: Includes persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation.

5 – Hispanic: Includes persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture of origin.

ARE YOU A U.S. CITIZEN? YES NO

IF NO, PLEASE GIVE COUNTRY OF CITIZENSHIP

DO YOU HAVE PRIOR UNIVERISTY SYSTEM OF MARYLAND OR STATE AGENCY SERVICE? Yes/No

Agency Name Phone Number Dates of Service

ARE YOU RETIRED FROM THE MARYLAND STATE RETIREMENT SYSTEM YES NO

EDUCATION LEVEL DEGREE Month/Year DEGREE FIELD

DEGREE INSTITUTION COUNTRY

EMERGENCY CONTACT PERSON:

NAME RELATIONSHIP

HOME ADDRESS

CITY STATE ZIP

HOME TELEPHONE # BUSINESS TELEPHONE #