

Doctoral Student Extraordinary Expense Research Award

Extraordinary expenses are defined as those non-routine expenses directly related to collecting/analyzing data for the dissertation. Grants cover: special expenses students may incur to distinguish the dissertation in its field national or internationally; travel to/from residence and libraries or archives that will make the dissertation exceptional; residency expenses associated with travel to libraries or archives; travel outside the region in order to interview participants; specialized software, photographic supplies, etc. It is important for you to explain how the expense relates to your dissertation. Applications without sufficient justification will be returned.

Eligibility: the dissertation proposal must be approved prior to submitting this application. No retroactive awards will be granted. The award has a lifetime maximum of \$500.00.

Not covered: travel to and from your home to the university; costs related to the dissertation (editing, typing, proofreading; photocopying; etc.)

Deadline: none, however the form must be submitted for approval prior to expenses being made.

Application: Download and complete the Request for Doctoral Student Extraordinary Expense Research Award available on the SOLES Scholarships for Leadership Studies website. Submit to the Department Chair for review and verification prior to submission.

Submission: Submit the completed form to the SOLES Associate Dean.



DOCTORAL STUDENT EXTRAORDINARY EXPENSE AWARD* REQUEST FORM

Please submit any substantial documentation with this completed form. If the request is approved, you will be required to submit original receipts for reimbursement along with the appropriate paperwork according to the University of San Diego Accounts Payable Office policies and procedures:
http://www.sandiego.edu/finance/accounts_payable/

Name: _____

Date: _____

Email: _____

Amount Requested: _____

Budget Estimate
(travel, accommodations, etc.): _____

Item	Estimated Expense
Total Estimated Expense:	

Purpose (Financial Need/Description of Extraordinary Need):

Student Signature: _____

Date: _____

Department Chair
Signature/Verification of
Advancement to Candidacy
and Review of Expense: _____

Date: _____

**Student must have advanced to candidacy to be eligible for this award.*

Dean's Office Use Only

Date Received: ____ / ____ / ____ Approved: Yes No

Approved Amount: _____

Award Notification: ____ / ____ / ____

