



New Mexico State University
Graduate Student Council

Reimbursement Interest Qualification Form

FORM 0

Domenici Hall Room 105
New Mexico State University
Las Cruces, NM 88003-8001
gscexecutiveteam@nmsu.edu

SECTION 1: GENERAL INFORMATION

NMSU Full Name: _____ NMSU Email: _____ NMSU Student ID: _____

Submission Date (mm/dd/yyyy): _____ Phone Number: _____ Age: _____

Mailing Address: _____

SECTION 2: ACADEMIC INFORMATION

Degree Program: _____ Major/Discipline: _____

Academic Department: _____ Credits Enrolled This Term: _____ Anticipated Graduation Term: _____

Student Level (UG/Grad): _____ Enrollment Status (Full-time/Part-time): _____

Primary Faculty Advisor: _____ Primary Faculty Advisor Email: _____

SECTION 3: CONFERENCE INFORMATION

Full Conference Name: _____ Conference Acronym: _____

Conference Start Date (mm/dd/yyyy): _____ Conference End Date (mm/dd/yyyy): _____

Conference Location (City, State, Country): _____

Applicant's Role (e.g., Presenter/Poster/Attendee): _____

SECTION 4: GRADUATE STUDENT COUNCIL ELIGIBILITY INFORMATION

Graduate Student Organization (GSO) Name: _____

Are you on the GSO Roster in Crimson Connection? (Yes/No): _____ Is your GSO Currently Chartered? (Yes/No): _____

1st Planned GSC Meeting Attendance Date (MM/DD/YYYY): _____ 2nd (MM/DD/YYYY): _____

Are you planning to present at a GSC sponsored event (GRAS or RCW): _____

SECTION 5: TRAVEL FUNDING AND EXPENSE DETAILS

Source(s) of Initial Travel Funds (Check all that apply):

Personal Funds Department Funds Grant/Advisor Funds Other (Specify): _____

Have you applied for ASNMSU Funding? Yes No If already applied please provide your ASNMSU Bill Number: _____

Anticipated/Incurred Expenses: List all items you expect to be reimbursed from GSC:

Category	Amount (USD)
Research publication	
Airfare	
Ground transportation	
Lodging	
Registration	
Other (explain cover letter)	
Total cost requested for reimbursement	
Notes: (For GSC Use Only)	
Total approved amount: (For GSC Use Only)	

SECTION 6: COMMENTS

Comments - Use this space for exceptional circumstances or to explain any missing/incomplete information

SECTION 7: SIGNATURE

I hereby certify, under penalty of perjury, that all information provided in this form is true and correct. I further acknowledge that I have read and understand the eligibility requirements for the New Mexico State University Graduate Student Council (GSC) reimbursement funds and agree to abide by all GSC policies.

Applicant Signature and Date	Graduate Student Council Treasurer Signature and Date (For GSC Use Only)