

Post Trip Survey

Full Name: *

"A" Number: *

Email: *

Major: *

Faculty sponsor: *

Purpose: *

Describe the purpose of your travel and what you did during the trip.

Amount of Funding: * \$

How much funding did you receive from Student Affairs/OUR for this trip?

Other Sources of Funds: *

Who else assisted in covering your travel expenses and how much did they provide?

Benefit of Trip: *

In a short paragraph, please describe how you benefitted from this travel opportunity.

Presentation :

Please attach your presentation for this conference/meeting.

Photos:

Please attach photos pertaining to your presentation on this trip.

Permission to use responses: * Yes No

We may elect to use your responses for promotion purposes. Do you grant your consent?

This survey must be submitted within 10 days of the return of your trip. Expenses will not be reimbursed until this survey is submitted.

Submit

Austin Peay State University | 601 College Street | Clarksville, TN 37044 | 1-877-861-APSU | (931) 221-7011

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