Inter-University Doctoral Consortium
Penn Station Travel Supplement

PROCEDURES:
1. Fill out this application form with information required.
2. Attach verification of enrollment in a course offered at Stony Brook Manhattan.
3. Attach a schedule of your trips to attend class.

Name: _____ _____ID#: _____

Department: _____

Mailing Address: _____

Email: _____ Phone #: _____

Date of Application: _____

By submitting this application, you attest that the information given is truthful to the best of your knowledge. Any fraudulent attempts to secure funding over and above the total cost of a program will result in permanent ineligibility for GSO funding. The GSO will also repost any fraudulent applications to any other funding organizations involved in your program, and will cooperate with any administrative and/or criminal proceedings undertaken by those organizations.

Applicants Signature: _____ Date: _____