



SAN DIEGO STATE
UNIVERSITY

Georgia

Financial Assistance Request Application

Date of submission: _____

Requested by (First Name, Last Name)

Red ID Number

Nature of the visit: _____

Total expenses to be covered by the applicant: _____

Total expenses for which assistance is requested: _____

ITEMIZED STATEMENT OF THE ESTIMATED COSTS FOR WHICH ASSISTANCE IS REQUESTED

Please list the purpose(s) for which assistance is requested with the amount requested in USD:

Item 1: _____

Item 2: _____

Item 3: _____

Item 4: _____

Item 5: _____

AIM OF THE STUDY FOR WHICH ASSISTANCE IS REQUESTED

Please provide a short description of the aim of the study:

Printed Name of the Student

Signature of the Student

Signature of the Dean

Date approved