

Title III Program: Strengthening Historically Black Colleges and Universities

TRAVEL REPORT

Name: _____ Date: _____
Title: _____

Title III Activity: Center for University Scholars Account Number: 631447

Name of Event (Convention, Conference, Meeting, etc.): _____

Place held: _____

Date(s) held: _____

Purpose of Convention, Conference, Meeting: _____

*Highlights: _____

*How will the results of the event assist you in accomplishing Title III goals?

*How will the information gained be shared with others at Jackson State University?

Signature: _____

Attendee

Immediate/Title III Activity Supervisor

Director, Title III Program

* Attach additional pages if necessary