Name: ______________________________         Today’s Date: __________________________

Student Id Number: ___________________          Faculty Advisor: _______________________

Major: ______________________________         Conference Date: _______________________

Phone: ______________________________        Date of Your Presentation: _______________

Conference Name: ______________________________________________________________

Conference Location: ____________________________________________________________

Title of Your Presentation: _______________________________________________________

Type of Presentation (oral, poster, etc.): _____________________________________________

Briefly describe the research you will be presenting at the meeting and attach a copy of your
abstract:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Budget:
The department may be able to support your participation at professional meetings, but can fund
only part of the costs. Please name other sources of funding you have secured or are currently
pursuing:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Amount you are requesting from the department (maximum $800): ______________

How do you intend to use these funds? (be specific) ________________________________
______________________________________________________________________________
______________________________________________________________________________

______________________________________________________________________________

__________________________________________
Faculty Advisor Signature

__________________________________________
Student Applicant Signature

__________________________________________
Department Chair or Graduate Coordinator Signature