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. (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 $600): ______________

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

________________________________________
Faculty Advisor Signature

________________________________________
Student Applicant Signature

________________________________________
Department Chair Signature