

HDFS Graduate Student Conference and Training/Workshop Request Form

Form must be submitted at least 30 days prior to Department Coordinator and Graduate Program Director to be considered for funding. Only e-mailed applications will be accepted

Name:	R#:	Date:	Classification (MS or PhD):
	ted during this time?	_	
Is this related to yo	our thesis? Yes No No	Are you the pres	senting author? Yes No
Related to your 70	00 project? Yes ☐ No ☐ Ro	elated to your dis	sertation? Yes No No
Is this request to a	ttend an additional conferenc	ce for this acader	nic year (PhD students only)? Yes No
Is this request to a	ttend a training/workshop fo	or this academic	year (PhD students only)? Yes No
	peen made aware of this requ sn't presenting and must atta		d? (advisor approval needed if attending conference oval)
Yes No Ao	dvisor name:		Date approved:
Full name of confe	rence:		(conference name spelled out)
Conference and/or here)	Training website:		(attach website link
Name of Authors:			
Purpose and benef	it of conference/training/wo	rkshop (clear exp	olanation and how trip benefits TTU is required):
S		\$when early regis	tration is bought, use p-card) \$
Department Approv		ate	