



TEXAS TECH UNIVERSITY

School of Veterinary Medicine™

**Request Form
SVM Seminar Speaker Fund**

Name: _____

Email Address: _____

Discipline: _____

Rank of appointment: _____

Target Month(s) for Seminar: _____

Amount of request (up to \$1,200): _____

Name, affiliation, and credential of proposed seminar speaker: _____

Specific goals and anticipated benefits of your interaction with the speaker as well as others at SVM:

Submit to the Office of Associate Dean for Research, Heather Scalf, heather.scalf@ttu.edu, by August 3, 2022.

COMMUNITY



INTEGRITY



KINDHEARTEDNESS



GRIT



INSPIRATION

