



Applicant Name (LAST, First) _____

Department _____ Student Number _____

The Department supports this request and ensures the significance to the student's program and confirms a paper/poster will be presented. Please sign below. If you wish to elaborate please use the space provided.

**Please list in the space provided below the conference name, date(s) and location. Also include title of your paper.*

Advisor Name: _____

Advisor Signature: _____ **Date:** _____

Department Head Information

Name _____ Signature _____

Date (MM/DD/YYYY) _____