## Saint Louis University Medical Family Therapy Program

## Graduate Student Travel Request to Present at a Professional Meeting

Applicant Name:		Phone	Phone Number:			
SLU Email Add	lress:	_				
Name of Meeti	ng/Conference:				_	
Sponsoring Org	ganization:					
Are y	ou a member of this organization?		No			
Location of Me	eeting:					
Dates of Meetin	ng:					
Have you recei	ved/been approved for Department travel	dollars this	s year?	Yes	No	
Indicate any responsibilities that you will have at this meeting (e.g., presenting paper, organization officer, session chair):						
If you are presenting, what is the title?  If there is more than one author, please list in the order these were submitted to the meeting						
sponsor:						
Indicate the type of session:						
C	Oral presentation					
F	Poster presentation					
F	Round table					
F	Panel discussion					
C	Other, please describe:					
Would you be willing to share your presentation with faculty and other students after attending the meeting/conference? Yes No						

What would be the benefits for you and the department by attending this meeting?						
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I have attached a completed MFT Pre-trip Request for Travel Authorization						
I will be submitting a GSA Funding Request Form for reimbursement of expenses from The Graduate School						
Signatures:						
Applicant:	Date:					
Advisor/Mentor:	Date:					
Department Chair:	Date:					