

Saint Louis University
Medical Family Therapy Program

Graduate Student Travel Request to Present at a Professional Meeting

Applicant Name: _____ Phone Number: _____

SLU Email Address: _____

Name of Meeting/Conference: _____

Sponsoring Organization: _____

Are you a member of this organization? Yes No

Location of Meeting: _____

Dates of Meeting: _____

Have you received/been approved for Department travel dollars this 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:

Oral presentation

Poster presentation

Round table

Panel discussion

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?

____ I have attached a completed MFT Pre-