NAME: _______________________________   DATE: _________________________
NU BOX #: ___________________________  PHONE #: _______________________
COLLEGE: ___________________________  DEPARTMENT: ______________________
NU EMAIL ADDRESS: ___________________

TITLE, DATE, AND LOCATION OF WORKSHOP, SEMINAR, COURSE, OR CONFERENCE. BROCHURES INCLUDING FEE AND REGISTRATION INFORMATION MUST BE ATTACHED TO THIS FORM.

TITLE OF CONFERENCE: __________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

DATE: ___________________________   LOCATION: ___________________________

JUSTIFICATION (INCLUDING TITLE OF WORK PRESENTED):
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

EXPENSES

REGISTRATION ________________________
FEES ________________________
ROOM ________________________
MEALS ________________________
TRANSPORTATION ________________________

TOTAL ________________________

RECOMMEND APPROVAL:

_________________________________________  _______________________________
FACULTY SPONSOR                       DEPARTMENT CHAIR / SCHOOL DIRECTOR

SEND TO: DIRECTOR OF STUDENT RESEARCH, OFFICE OF ACADEMIC RESEARCH