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?	
Location of Meeting:	<u> </u>
Dates of Meeting:	_
Have you received/been approved for Department travel d	dollars this year? Yes No
Indicate any responsibilities that you will have at this mee officer, session chair):	eting (e.g., presenting paper, organization
If you are presenting, what is the title? If there is more than one author, please list in the order th sponsor:	nese 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 fact meeting/conference? Yes No	ulty and other students after attending the

What would be the benefits for you and the department by attending this meeting?	

____ I have attached a completed MFT Pre-