

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-