

**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:  <ul style="list-style-type: none"> <li>Oral presentation</li> <li>Poster presentation</li> <li>Round table</li> <li>Panel discussion</li> <li>Other, please describe: _____</li> </ul>			
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-