

Department of Psychological Sciences

***Please fill out the form completely and return to the Psychological Science Chair for approval prior to conference attendance.***

NAME:

EMAIL:

CONFERENCE NAME, DATE, and LOCATION:

AMOUNT REQUESTED:

HAVE YOU ALREADY BEEN AWARDED PREVIOUSLY? HOW MUCH & WHEN?:

**INCLUSIVE DATES OF TRAVEL:**

**From:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **To:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Month/Day/Year Month/Day/Year*

**Method of Transportation:** \_\_\_\_\_\_\_\_\_\_\_\_\_ **Transportation:** $\_\_\_\_\_\_\_\_\_\_\_\_

***•If personal auto, mileage is 55. cents per mile.***

**Registration Fee:** $\_\_\_\_\_\_\_\_\_\_\_\_

**Organization Membership may be included in the registration fee, if required for registration.**

**Hotel: Limited to two nights stay paid by department** $\_\_\_\_\_\_\_\_\_\_\_\_

Students should stay at a conference hotel, when possible. Hotel costs should be within reason.

**Meals per diem:** $\_\_\_\_\_\_\_\_\_\_\_\_

***Look up per diem* and** ***X number of days at conference (limited to 3 days)***

***please use GSA domestic or foreign per diem rates***

***http://www.gsa.gov***

**Total:** $\_\_\_\_\_\_\_\_\_\_\_\_\_

***•If total expenses on statement exceed the total amount approved by the chair, additional expenses may not be reimbursed****.*

**What is the title of your research project?**

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**Research Mentor Authorization:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature Date*

**Chair’s Authorization:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Signature Date*