## OLD DOMINION UNIVERSITY

## <u>APPLICATION</u>

Section I: Appl	icant information	<u>on</u>				
A. Name:				В. І	Date:	
C. Program	Masters	Ph.D.	Full-time	Part-time		
D. Department					_	
E. ODU Email:					_	
Section II: Plea	ase indicate the	professional m	eeting for which y	ou are request	ing support	
		•		•	<del></del>	
_					C. Refereed:	ΥN
_		National		ernational	_ C. Refereed.	
Section III: Est	imated expens	e≰max. amount	of supportavailab	ole = \$350 per ve	ear)	
A. Estimated tra					<b>,</b>	
B. Estimated reg	gistration cost:					
C. Estimated loc						
D. Total amount	t requested (max	\$350):				
Section IV: Fur	nds from other	sources				
A. Amount:		_ B. Source:				
Section V· Pro	posal(s)/Ceativ	e Activity(ies)				
1. Submit a or	or leading a won ne page (maximu n will be leading.		e paper being subm	nitted, or attach a	one page descrip	tion of the
	ion accepted or i ceptance notifica		propriate verification	n. Presentations	under review are	not fundable
3. Denote pres	sentation status:	Accepted	Invited			
Section VI: Aut	thorization and	<u>signatures</u>				
Signature of adv	visor:					
<i>5</i> : : :	(Print	ed Name)	(Title)	(Sign	nature)	
Signature of app	olicant:					
0						

Checklist of documentation

Documentation of presentation acceptance or other relevant activity