



Dates of Meeting: \_\_\_\_\_

Title of Presentation: \_\_\_\_\_

Name of First Author: \_\_\_\_\_

**Names and Titles of Additional Authors**

\_\_\_\_\_

Name

\_\_\_\_\_

Title

\_\_\_\_\_

Name

\_\_\_\_\_

Title

\_\_\_\_\_

Name

\_\_\_\_\_

Title

**EVALUATION BY MAJOR PROFESSOR**

Please ask your Major Professor for the text to copy and paste into the spaces below OR to approve the text you enter below:

**Meeting Information:**

Conference is of Regional, National, or International Significance                      Yes                      No

Briefly describe the nature and quality of the meeting:

Significance of the applicant's participation:

Applicant's role in meeting (check all that apply)

Keynote speaker

On Conference/Meeting Organizing Committee

Invited Speaker on Program

Poster or Paper Presentation

Session or Roundtable Facilitator

Other (Please describe):

Other comments about the applicant's role:

Process by which participants were selected:

Will abstract or full paper from presentation be published as part of meeting proceedings?

Yes                      No                      Don't Know

By checking this box, I certify that the person listed below has reviewed and approved the above evaluation. (For major professors of graduate students) I certify this student is in good standing with their degree program

Major Professor Name: \_\_\_\_\_ Major Professor Signature: \_\_\_\_\_

**TO BE COMPLETED BY DEPARTMENT HEAD AND GRADUATE COORDINATOR**

**Verification of Eligibility**

**Required Materials**

Endorsed Coversheet	Yes	No
Copy of Typed Travel Authority	Yes	No
Abstract Included	Yes	No
Proof of First Authorship Included	Yes	No
Proof of Acceptance Included	Yes	No

**Additional Requirements (must be "no" in order to qualify)**

Previously funded during this fiscal year	Yes	No
Instructor or Classified Employee	Yes	No
Travel Taken Prior to Receiving Written Approval	Yes	No

Source and amount of department's contribution:

By checking this box, I certify that the person listed below has reviewed and approved the above evaluation

Graduate Coordinator  
Name: \_\_\_\_\_

Graduate Coordinator  
Signature: \_\_\_\_\_

Dept. Head Name: \_\_\_\_\_

Dept. Head Signature: \_\_\_\_\_