Southeast Missouri State University™

School of Graduate Studies

Graduate Student Professional Development Request Application

To request graduate student development funds, the student will provide the following information on this form and send it to the Graduate Dean for approval (MS 4400). Attach any supporting documentation to this form.

Student Name:	**Date:**
Department:	**Phone:**
Student ID#:	**E-mail:**

Criteria [Please mark the correct box(s)]

[□] Attendance at: [□] state [□] regional [□] national meeting
[□] Presentation/workshop at: [□] state [□] regional [□] national conference
[□] Other (please specify):

Location: **Date(s):**

Organization:

Purpose (explain fully noting how it relates to course of graduate study):

ESTIMATED EXPENSES	
Miles @ .295/mile $	**College and Department Action**
Air	
Meals	
Other	**Graduate Studies Action: Date Received: _____**
Total Estimated Expenses $	**Amount Approved: _____**

College Action: Date Received: _____
Amount Allocated: _____

Signature of College Dean:

_____
Date

Department Action: Date Received: _____
Amount Allocated: _____

Signature of Department Chairperson:

_____
Date

Signature of Graduate Dean:

_____
Date

Must obtain College and Department Action prior to sending to Graduate Studies.