School of Graduate Studies
Louisiana State University Health Sciences Center
Shreveport, Louisiana 71130

REQUEST FOR STUDENT TRAVEL FUNDS

Department: ❒ Anatomy ❒ Biochemistry ❒ Microbiology ❒ Pharmacology ❒ Physiology

Student Name: _____
Last First Middle

Faculty Advisor: _____

Meeting to be Attended: _____

Location of Meeting: _____

Date of Meeting: _____

A COPY OF THE SUBMITTED ABSTRACT LISTING THE TITLE OF THE PRESENTATION AND THE AUTHORS / PRESENTOR MUST BE ATTACHED.

ESTIMATED EXPENSES:

Registration	$_____
Transportation	$_____
Meals	$_____
Accommodations	$_____
Other	$_____
Total amount needed	$_____

AMOUNT FROM DEPARTMENT:

Amount from Advisor $_____ (Acct. #: _____)

TOTAL FROM DEPARTMENT $_____

BALANCE REQUESTED FROM GRADUATE SCHOOL: $____500_____ (Acct. #: 537-01-0311 111 1370100 30001 10105)

APPROVALS:

_____ Date:_____ / _____ / _____
Department Head

_____ Date:_____ / _____ / _____
Dean of the Graduate School