



**SOUTHEAST MISSOURI**  
STATE UNIVERSITY · 1873

**Student Professional Development Request Application**

To request professional development funds, please provide the following information on this form and send it to the Office of Graduate Studies for review (graduatestudies@semo.edu or Academic Hall 132 - MS 3400). Please attach any supporting documentation to this form (e.g. Room booking confirmation, conference registration confirmation).

Name:		Banner ID:		Date:	
E-Mail:			Phone:		
Undergraduate		Graduate			
Department:			Major GPA:		
Major:			Overall GPA:		
Address:		City:	State:		Zip:
<b>Criteria</b> [Please mark the correct option(s)]					
Attendance at		state	regional	national meeting	
Poster Session at		state	regional	national conference	
Research Presentation at		state	regional	national conference	
Other Professional travel (specify)					
Location:				Date(s):	
Organization:					
<b>Purpose:</b> Please describe the purpose of the funding request and how travel relates to the course of your academic study. Please attach an abstract of the professional development event if available.					
<b>ESTIMATED EXPENSES</b>		5 a ci bh5`cWUHYX 6 m8 YdUfla Ybh. .... \$ _____		<b>Amount(s) Allocated From Other Funding Sources:</b> (i.e. FFR, grants, etc.)	
Miles @ .67/mile	\$	Signature of Department Chair _____ Date _____			
Air	\$				
Room	\$	5 a ci bh5`cWUHYX 6 m7 c`Y[ Y': ..... \$ _____			
Meals	\$	Signature of College Dean _____ Date _____			
Registration	\$				
Other	\$	5 a ci bh5`cWUHYX 6 m; fUXi UHY Gh X]Yg': ... _____			
Total Expenses	\$	Signature of Graduate Dean _____ Date _____			

All information fields above (including signatures) related to College Action, Department Action, and Other Funding Sources must be completed prior to sending to Graduate Studies. If no action, report "\$0" as amount allocated with indicated signatures.