

200; -2032

APPLICATION FOR GRADUATE STUDENT PROFESSIONAL DEVELOPMENT AWARD

Please type or print

Mr.
NAME: Ms. DEPT: _____ DATE: _____

EID: _____ MAILING ADDRESS: _____ ZIP: _____

DISSERTATION OR THESIS TITLE:

CHAIR, DISSERTATION OR THESIS COMMITTEE: _____

Please check one:

Fall 200; meeting _____ Spring 2032 meeting _____ Summer 2032 meeting _____

YOU MUST BE REGISTERED AT THE UNIVERSITY OF TEXAS AT AUSTIN DURING THE SEMESTER THE FUNDS ARE TO BE USED. SUMMER REGISTRATION WILL BE WAIVED IF YOU WERE REGISTERED FOR THE PRIOR SPRING SEMESTER.

Date of meeting: _____

Location of meeting: _____

Name of meeting: _____

PLEASE ATTACH EVIDENCE THAT YOUR PAPER HAS BEEN ACCEPTED FOR PRESENTATION (COPY OF LETTER, E-MAIL OR PROGRAM)

PLEASE ATTACH AN ABSTRACT OF THE PAPER THAT YOU WILL PRESENT. List all authors as they will appear in the program

Are you presently receiving income from The University of Texas at Austin? _____

What is the source of your income? _____

What other support do you have? _____

If your research is being supported by The University of Texas, please indicate the source of the support.

List any previous support you have received from the Office of Graduate Studies.

Please list the dates during which you plan to attend the meeting. _____
Month Day (s) Year

Estimate the costs associated with attendance at the meeting. Please provide accurate and current airfares.

Transportation \$ _____

Please state other sources which might be used to partially defray these costs. Include amounts available.

Professional Development Awards provide support for students to attend major professional meetings at which they present an original paper based on their research.

Signature of applicant

Signature of Supervising Professor

To be completed by the Graduate Adviser:

For which degree is the student a candidate? _____

Is the student making satisfactory progress toward the degree? _____

If for the doctoral degree, has the student been officially admitted to candidacy? _____

What is the expected date of completion of the degree? _____

The Graduate Studies Committee in _____

recommends an award of \$ _____.

Signature of the Graduate Adviser

Date

Typed Name of the Graduate Adviser

Leave blank for action by the Office of Graduate Studies