



**Department of Psychology
Department Conference Travel Award Application**

DATE: _____

CONFERENCE YOU ARE ATTENDING: _____

DATE OF CONFERENCE: _____

TITLE OF CONFERENCE PRESENTATION: _____

AUTHORS OF PRESENTATION: _____

STUDENT APPLICANT (Name printed): _____

(Signature): _____

Luther ID # _____

Luther SPO _____

FACULTY RESEARCH SUPERVISOR (Signature): _____

DEPARTMENT HEAD SIGNATURE AND DATE _____