

4. Explain specific professional benefit(s) you expect to receive from attending the conference - as much detail as you can in the space provided

5. TO BE COMPLETED BY THE FACULTY/COORDINATOR

Signature Date

6. TO BE COMPLETED BY THE COLLEGE UROP COORDINATOR (FOR FACULTY) OR DEAN (FOR COORDINATORS)

Recommended for central funding? Yes (Rank: _____) No

Signature Telephone Date

7. TO BE COMPLETED BY UROP OFFICE

Approved? Yes (Amount: \$ _____) Alternate No

Initials Date